

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 4281

For Official Use Only

Statement covers period

from 07/01/2017

through 12/31/2017

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☒ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1343640

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Bernardino	CA	92408	(909)885-6074

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

OPTIONAL: FAX/E-MAIL ADDRESS

info@olsonhagel.com

Treasurer(s)

NAME OF TREASURER

Troy Mooradian

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Bernardino	CA	92408	(909)885-6074

NAME OF ASSISTANT TREASURER, IF ANY

Grant Ward

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
San Bernardino	CA	92408	(909)885-6074

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/19/2018 By Grant Ward

DATE

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/19/2018 By Grant Ward

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA FORM 460 Page 3 of 4281 I.D. NUMBER 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$120,055.00	\$257,335.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$120,055.00	\$257,335.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$120,055.00	\$257,335.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$1,472.20	\$6,087.90
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$1,472.20	\$6,087.90
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$1,472.20	\$6,087.90

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$486,972.38	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$120,055.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$1,472.20	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$605,555.18	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Brandon Abell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brandon Abell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brandon Abell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brandon Abell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brandon Abell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$106,670.00

2. Amount received this period - unitemized contributions of less than \$100 \$13,385.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$120,055.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 5 of 4281

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10/17/2017	Brandon Abell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brandon Abell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brandon Abell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brandon Abell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

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SCHEDULE A (CONT.)

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SCHEDULE A (CONT.)

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from	07/01/2017	
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8/22/2017	Paula Abitia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Paula Abitia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Paula Abitia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Paula Abitia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 12 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Paula Abitia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Paula Abitia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paula Abitia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paula Abitia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alma Abraham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 13 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Alma Abraham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alma Abraham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alma Abraham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alma Abraham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alma Abraham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>14</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Alma Abraham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alma Abraham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alma Abraham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alma Abraham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alma Abraham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 15 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Janeth Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Janeth Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Janeth Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Janeth Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Janeth Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 16 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Janeth Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Janeth Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Janeth Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Janeth Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Janeth Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 17 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Janeth Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Roland Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Roland Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Roland Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Roland Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 18 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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10/3/2017	Roland Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Roland Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Roland Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Roland Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 19 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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12/12/2017	Roland Acevedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Aceves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew Aceves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Aceves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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9/19/2017	Matthew Aceves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Aceves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Matthew Aceves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Matthew Aceves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 21 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/28/2017	Matthew Aceves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Aceves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Antonio Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Antonio Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>23</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Antonio Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Antonio Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Antonio Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Antonio Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lisa Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 24 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Lisa Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lisa Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lisa Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lisa Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lisa Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 25 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Lisa Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lisa Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lisa Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lisa Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 26 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/20/2017	Luis Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Luis Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Luis Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Luis Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 27 of 4281
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Luis Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Luis Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Luis Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Luis Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Luis Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 28 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Luis Acosta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Acuna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Acuna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Acuna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Acuna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 29 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Michael Acuna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Acuna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Acuna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Acuna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Acuna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 30 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Michael Acuna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Acuna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Laura Addy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Laura Addy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Laura Addy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>31</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/17/2017	Laura Addy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Laura Addy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 32 of 4281

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I.D. Number

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11/28/2017	Laura Addy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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7/11/2017	Mark Addy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>33</u> of <u>4281</u> I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 34 of 4281

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10/31/2017	Mark Addy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Addy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Addy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Addy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Ades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 35 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	John Ades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	John Ades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	John Ades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	John Ades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	John Ades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 36 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	John Ades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	John Ades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	John Ades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	John Ades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Alejandro Aduna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>37</u> of 4281 I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Alejandro Aduna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alejandro Aduna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alejandro Aduna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alejandro Aduna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alejandro Aduna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 38 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Alejandro Aduna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alejandro Aduna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alejandro Aduna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alejandro Aduna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alejandro Aduna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 39 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Melanie Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Melanie Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Melanie Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Melanie Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Melanie Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>40</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Melanie Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Melanie Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Melanie Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Melanie Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Melanie Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 41 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Melanie Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Paul Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Paul Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Paul Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 42 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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9/19/2017	Paul Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Paul Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Paul Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Paul Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Paul Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 43 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Paul Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Aguayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Leonard Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Leonard Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Leonard Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 44 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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8/22/2017	Leonard Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Leonard Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Leonard Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Leonard Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Leonard Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet)

Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 45 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/15/2017	Leonard Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Leonard Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Leonard Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 46 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michael Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 47 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Aguilar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Aguilar-Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 48 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jonathan Aguilar-Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Aguilar-Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Aguilar-Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Aguilar-Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Aguilar-Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 49 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jonathan Aguilar-Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Aguilar-Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Aguilar-Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Aguilar-Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Aguilar-Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>50</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Adrian Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Adrian Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Adrian Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Adrian Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Adrian Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>51</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Adrian Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Adrian Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Adrian Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Adrian Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Adrian Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 52 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Adrian Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jessica Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jessica Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jessica Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jessica Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 53 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jessica Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jessica Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jessica Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jessica Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jessica Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 54 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jessica Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jessica Aguilera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Stephanie Aguirre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stephanie Aguirre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Stephanie Aguirre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 55 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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8/22/2017	Stephanie Aguirre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Stephanie Aguirre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Stephanie Aguirre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stephanie Aguirre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Stephanie Aguirre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 56 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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11/15/2017	Stephanie Aguirre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stephanie Aguirre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Stephanie Aguirre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gerard Alan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Gerard Alan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 57 of 4281

SEE INSTRUCTIONS ON REVERSE

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8/9/2017	Gerard Alan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Gerard Alan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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10/17/2017	Gerard Alan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Gerard Alan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 58 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Jaime Alarcon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jaime Alarcon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 59 of 4281

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San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/11/2017	Derrick Alatorre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>61</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 62 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>63</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

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from	07/01/2017	
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from	07/01/2017	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 69 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	David Alexander San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>70</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 72 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
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SEE INSTRUCTIONS ON REVERSE

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San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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Schedule A (Continuation Sheet)

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SCHEDULE A (CONT.)

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SCHEDULE A (CONT.)

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from	07/01/2017	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 80 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Anthony Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Anthony Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Anthony Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Glenn Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Glenn Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>81</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Glenn Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Glenn Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Glenn Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Glenn Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Glenn Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 82 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Glenn Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Glenn Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Glenn Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Glenn Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Roger Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 83 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Roger Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Roger Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Roger Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Roger Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Roger Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 84 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Roger Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Roger Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Roger Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Roger Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Roger Alfaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 85 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kristian Alfelor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/20/2017	Kristian Alfelor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/9/2017	Kristian Alfelor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/22/2017	Kristian Alfelor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
9/19/2017	Kristian Alfelor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>86</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kristian Alfelor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/17/2017	Kristian Alfelor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	Abigail Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Abigail Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Abigail Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 87 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Abigail Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Abigail Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Abigail Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Abigail Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Abigail Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 88 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Abigail Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Abigail Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Abigail Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Anthony Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Anthony Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 89 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Anthony Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Anthony Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Anthony Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Anthony Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Anthony Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Anthony Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Anthony Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Anthony Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Anthony Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Casey Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>91</u> of <u>4281</u>		I.D. Number 1343640

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7/20/2017	Casey Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Casey Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 92 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Casey Allen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 93 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>94</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>95</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>96</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

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through <u>12/31/2017</u>		
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SCHEDULE A (CONT.)

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7/11/2017	Joseph Almeida-Kelley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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through	12/31/2017	Page 102 of 4281

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8/9/2017	Joseph Almeida-Kelley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Joseph Almeida-Kelley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 103 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Joseph Almeida-Kelley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joseph Almeida-Kelley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Almeida-Kelley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Almeida-Kelley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>104</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/20/2017	Arturo Alvarado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Arturo Alvarado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 105 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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10/31/2017	Arturo Alvarado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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11/28/2017	Arturo Alvarado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 106 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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7/11/2017	Misael Alvarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 107 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/15/2017	Misael Alvarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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12/12/2017	Misael Alvarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rogelio Alvarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Rogelio Alvarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Rogelio Alvarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 109 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
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11/28/2017	Rogelio Alvarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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7/11/2017	Pablo Alvarez-Edelman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>111</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

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from	07/01/2017	
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11/28/2017	Pablo Alvarez-Edelman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Pablo Alvarez-Edelman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	George Anagnostopoulos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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8/22/2017	George Anagnostopoulos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	George Anagnostopoulos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	George Anagnostopoulos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>114</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	George Anagnostopoulos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	George Anagnostopoulos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	George Anagnostopoulos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	George Anagnostopoulos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	George Anagnostopoulos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 115 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Francesco Ancona San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Francesco Ancona San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Francesco Ancona San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Francesco Ancona San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Francesco Ancona San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet)

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 116 of 4281
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Francesco Ancona San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Francesco Ancona San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Francesco Ancona San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Francesco Ancona San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Francesco Ancona San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 117 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Francesco Ancona San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 118 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jonathan Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>119</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jonathan Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shane Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shane Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shane Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 120 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Shane Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shane Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shane Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shane Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shane Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 121 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Shane Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shane Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shane Andersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Crystal Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Crystal Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 122 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Crystal Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Crystal Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Crystal Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Crystal Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Crystal Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>123</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Crystal Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Crystal Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Crystal Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Crystal Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/20/2017	Jason Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jason Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 125 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jason Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 126 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jon Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jon Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jon Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jon Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jon Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 127 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jon Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jon Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jon Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jon Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jon Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>128</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jon Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mark Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mark Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 129 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Mark Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mark Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 130 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/28/2017	Mark Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Anderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Andrade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Andrade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Andrade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 131 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/22/2017	Michael Andrade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Andrade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Andrade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Andrade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Andrade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>132</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/15/2017	Michael Andrade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Andrade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Andrade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Scott Andrews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Scott Andrews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>133</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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8/9/2017	Scott Andrews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Scott Andrews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Scott Andrews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Scott Andrews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Scott Andrews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Scott Andrews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Scott Andrews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Scott Andrews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Scott Andrews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jacob Angelini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

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from	07/01/2017	
through	12/31/2017	Page 135 of 4281

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7/20/2017	Jacob Angelini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jacob Angelini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Jacob Angelini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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10/31/2017	Jacob Angelini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jacob Angelini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jacob Angelini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jacob Angelini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>137</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jeremiah Angle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeremiah Angle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeremiah Angle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeremiah Angle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeremiah Angle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 138 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jeremiah Angle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeremiah Angle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeremiah Angle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeremiah Angle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeremiah Angle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>139</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Sean Anglin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 140 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Sean Anglin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sean Anglin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 141 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Sean Anglin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alberto Anolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alberto Anolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alberto Anolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>142</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Alberto Anolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alberto Anolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alberto Anolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alberto Anolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>143</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Alberto Anolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alberto Anolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alberto Anolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ernesto Antillon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ernesto Antillon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 144 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Ernesto Antillon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ernesto Antillon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ernesto Antillon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ernesto Antillon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>145</u> of <u>4281</u>		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ernesto Antillon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ernesto Antillon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ernesto Antillon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ernesto Antillon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kylie Apodaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>146</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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8/9/2017	Kylie Apodaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 147 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/15/2017	Kylie Apodaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kylie Apodaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kylie Apodaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 148 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Justin Applegate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Justin Applegate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Justin Applegate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Justin Applegate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Justin Applegate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>149</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Justin Applegate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Justin Applegate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Justin Applegate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Justin Applegate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Justin Applegate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>150</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Justin Applegate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Elizabeth Aragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Elizabeth Aragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Elizabeth Aragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Elizabeth Aragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 151 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Elizabeth Aragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Elizabeth Aragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Elizabeth Aragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Elizabeth Aragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Elizabeth Aragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>152</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Elizabeth Aragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Elizabeth Aragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ivan Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ivan Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ivan Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Ivan Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ivan Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ivan Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ivan Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ivan Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 154 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Ivan Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ivan Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ivan Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Paul Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Paul Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Paul Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Paul Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Paul Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Paul Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Paul Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Paul Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paul Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Arce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Arden San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 157 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/20/2017	Jonathan Arden San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Arden San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Arden San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Arden San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Arden San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/31/2017	Jonathan Arden San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Arden San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Arden San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Arden San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Eric Arechiga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Eric Arechiga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Eric Arechiga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Eric Arechiga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Eric Arechiga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 160 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Eric Arechiga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Eric Arechiga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Eric Arechiga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Eric Arechiga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Eric Arechiga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 161 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Eric Arechiga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Ana Arevalo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ana Arevalo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ana Arevalo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ana Arevalo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 162 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Ana Arevalo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ana Arevalo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ana Arevalo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ana Arevalo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ana Arevalo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>163</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Ana Arevalo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ana Arevalo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Aria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Jason Aria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Jason Aria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 164 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jason Aria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Jason Aria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Jason Aria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Jason Aria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Jason Aria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 165 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jason Aria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Jason Aria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Jason Aria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Brian Arias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Arias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 166 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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8/9/2017	Brian Arias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Arias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Arias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Arias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Arias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>167</u> of <u>4281</u>
		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/31/2017	Brian Arias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Arias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Arias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Arias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kevin Arlotti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>168</u> of <u>4281</u> I.D. Number 1343640

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7/20/2017	Kevin Arlotti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kevin Arlotti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kevin Arlotti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kevin Arlotti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kevin Arlotti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 169 of 4281

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NAME OF FILER

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10/17/2017	Kevin Arlotti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kevin Arlotti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kevin Arlotti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kevin Arlotti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kevin Arlotti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 170 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/11/2017	Daniel Armenta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Armenta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Armenta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daniel Armenta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Armenta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 171 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Daniel Armenta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Armenta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Armenta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Armenta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Armenta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through	12/31/2017	Page 172 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Daniel Armenta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Armijo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/20/2017	Christopher Armijo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/9/2017	Christopher Armijo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/22/2017	Christopher Armijo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet)

Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 173 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Christopher Armijo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/3/2017	Christopher Armijo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/17/2017	Christopher Armijo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/31/2017	Christopher Armijo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/15/2017	Christopher Armijo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 174 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Christopher Armijo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
12/12/2017	Christopher Armijo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	Andres Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Andres Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Andres Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 175 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Andres Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Andres Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Andres Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Andres Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Andres Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/15/2017	Andres Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Andres Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Andres Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Felix Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Felix Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Felix Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Felix Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Felix Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Felix Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Felix Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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10/31/2017	Felix Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Felix Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Felix Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Felix Arreola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Carlos Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Carlos Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Carlos Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Carlos Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Carlos Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Carlos Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/17/2017	Carlos Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Carlos Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Carlos Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Carlos Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Carlos Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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7/11/2017	Robert Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>182</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Robert Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 183 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Robert Arrieta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shawn Arrington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Shawn Arrington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Shawn Arrington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Shawn Arrington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 184 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Shawn Arrington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Shawn Arrington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Shawn Arrington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Shawn Arrington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Shawn Arrington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 185 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Shawn Arrington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Shawn Arrington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Luis Arroyo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Luis Arroyo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Luis Arroyo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>186</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Luis Arroyo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Luis Arroyo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Luis Arroyo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Luis Arroyo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Luis Arroyo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 187 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Luis Arroyo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Luis Arroyo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Luis Arroyo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Ryan Artherton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Artherton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 188 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Ryan Arthurton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ryan Arthurton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ryan Arthurton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ryan Arthurton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ryan Arthurton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 189 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ryan Arthurton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ryan Arthurton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Arthurton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ryan Arthurton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gusztav Asboth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>190</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Gusztav Asboth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gusztav Asboth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gusztav Asboth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gusztav Asboth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gusztav Asboth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>191</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/17/2017	Gusztav Asboth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gusztav Asboth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gusztav Asboth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gusztav Asboth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gusztav Asboth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

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through <u>12/31/2017</u>		
		Page <u>192</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Chase Ash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Chase Ash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Chase Ash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Chase Ash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Chase Ash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 193 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Chase Ash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Chase Ash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Chase Ash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Chase Ash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Chase Ash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 194 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Chase Ash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Len Ashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Len Ashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Len Ashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Len Ashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 195 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Len Ashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Len Ashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Len Ashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Len Ashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Len Ashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>196</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Len Ashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Len Ashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Viviane Aston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Viviane Aston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Viviane Aston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 197 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Viviane Aston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Viviane Aston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Viviane Aston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Viviane Aston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Viviane Aston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 198 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Viviane Aston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Viviane Aston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Viviane Aston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bernard Averbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Bernard Averbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>199</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Bernard Averbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Bernard Averbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Bernard Averbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Bernard Averbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Bernard Averbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 200 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Bernard Averbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Bernard Averbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Bernard Averbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bernard Averbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jose Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 201 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jose Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jose Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jose Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jose Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jose Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>202</u> of <u>4281</u> I.D. Number 1343640
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jose Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jose Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jose Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jose Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jose Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/11/2017	Michael Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 204 of 4281

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NAME OF FILER

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10/3/2017	Michael Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 205 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Michael Avila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Amir Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Amir Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Amir Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Amir Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>206</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Amir Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Amir Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Amir Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Amir Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Amir Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 207 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Amir Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Amir Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Hadel Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/20/2017	Hadel Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/9/2017	Hadel Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>208</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Hadel Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
9/19/2017	Hadel Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/3/2017	Hadel Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/17/2017	Hadel Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/31/2017	Hadel Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>209</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Maher Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Maher Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Maher Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Maher Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Maher Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 210 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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10/3/2017	Maher Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Maher Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Maher Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Maher Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Maher Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 211 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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12/12/2017	Maher Awad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Ayres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joseph Ayres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Ayres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joseph Ayres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>212</u> of <u>4281</u> I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Joseph Ayres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joseph Ayres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joseph Ayres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Ayres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joseph Ayres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 213 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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11/28/2017	Joseph Ayres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Ayres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Babel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Babel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Babel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 214 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/22/2017	Daniel Babel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Babel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Babel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Babel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Babel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 215 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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11/15/2017	Daniel Babel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Babel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Babel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>216</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Christopher Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 217 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Christopher Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Damon Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 218 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Damon Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Damon Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Damon Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Damon Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Damon Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>219</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Damon Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Damon Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Damon Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Damon Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Damon Baca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>220</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Edward Bachman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Edward Bachman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Edward Bachman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Edward Bachman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Edward Bachman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>221</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Edward Bachman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Edward Bachman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Edward Bachman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Edward Bachman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Edward Bachman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>222</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Edward Bachman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Paul Bader San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Bader San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Paul Bader San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Paul Bader San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 223 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Paul Bader San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Paul Bader San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Paul Bader San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Paul Bader San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Paul Bader San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>224</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Paul Bader San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Bader San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eduardo Badillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eduardo Badillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eduardo Badillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 225 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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8/22/2017	Eduardo Badillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eduardo Badillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eduardo Badillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eduardo Badillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eduardo Badillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 226 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Eduardo Badillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eduardo Badillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eduardo Badillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Bagwill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Daniel Bagwill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>227</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Daniel Bagwill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Daniel Bagwill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Daniel Bagwill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Daniel Bagwill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Daniel Bagwill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 228 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Daniel Bagwill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Daniel Bagwill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Daniel Bagwill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Blaine Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>229</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Blaine Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Blaine Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Blaine Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 230 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Blaine Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Blaine Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>231</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jacob Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>232</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>233</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Kathryn Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kathryn Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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8/22/2017	Kathryn Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 234 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/3/2017	Kathryn Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/31/2017	Kathryn Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kathryn Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 235 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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12/12/2017	Kathryn Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Renee Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Renee Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

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through <u>12/31/2017</u>		
		Page <u>236</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 237 of 4281

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11/28/2017	Renee Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Renee Bailey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sharon Bailey-Cones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sharon Bailey-Cones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 238 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/9/2017	Sharon Bailey-Cones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sharon Bailey-Cones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sharon Bailey-Cones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sharon Bailey-Cones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sharon Bailey-Cones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 239 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Sharon Bailey-Cones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sharon Bailey-Cones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sharon Bailey-Cones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sharon Bailey-Cones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Amy Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 240 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Amy Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Amy Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Amy Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Amy Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Amy Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>241</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Amy Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Amy Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Amy Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Amy Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Amy Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 242 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Ernest Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Ernest Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Ernest Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Ernest Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Ernest Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>243</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Ernest Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Ernest Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Ernest Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Ernest Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Ernest Baker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 244 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Russell Ballantyne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Russell Ballantyne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Russell Ballantyne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Russell Ballantyne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Russell Ballantyne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>245</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Russell Ballantyne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Russell Ballantyne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Russell Ballantyne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Russell Ballantyne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Russell Ballantyne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>246</u> of <u>4281</u> I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Russell Ballantyne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Ballard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Ballard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Ballard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	James Ballard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>247</u> of <u>4281</u>		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	James Ballard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	James Ballard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	James Ballard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	James Ballard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	James Ballard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 248 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/28/2017	James Ballard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James Ballard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Vincent Balsitis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Vincent Balsitis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Vincent Balsitis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 249 of 4281

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9/19/2017	Vincent Balsitis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Vincent Balsitis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Vincent Balsitis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Vincent Balsitis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 250 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Vincent Balsitis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Vincent Balsitis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Vincent Balsitis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Baltierra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew Baltierra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>251</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Matthew Baltierra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Matthew Baltierra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew Baltierra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Baltierra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Matthew Baltierra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 252 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Matthew Baltierra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Matthew Baltierra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Baltierra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Baltierra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Arootin Bandari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 253 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/9/2017	Arootin Bandari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Arootin Bandari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Arootin Bandari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Arootin Bandari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 254 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Arootin Bandari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Arootin Bandari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Arootin Bandari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Arootin Bandari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 255 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	John Bannes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Bannes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Bannes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Bannes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Bannes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>256</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	John Bannes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Bannes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Bannes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Bannes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Bannes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 257 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	John Bannes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Charles Bantum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Charles Bantum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Charles Bantum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Charles Bantum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>258</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Charles Bantum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Charles Bantum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Charles Bantum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Charles Bantum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Charles Bantum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>259</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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12/12/2017	Charles Bantum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Juan Banuelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Juan Banuelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Juan Banuelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>260</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 261 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Juan Banuelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Juan Banuelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Juan Banuelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christina Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christina Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>262</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Christina Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christina Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christina Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christina Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christina Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>263</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Christina Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christina Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christina Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christina Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cruz Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>264</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Cruz Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cruz Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cruz Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cruz Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cruz Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 265 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Cruz Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cruz Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cruz Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cruz Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cruz Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 266 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Maria Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Maria Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Maria Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Maria Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Maria Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 267 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Maria Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Maria Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Maria Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Maria Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Maria Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 268 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Maria Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Yhadira Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Yhadira Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Yhadira Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Yhadira Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 269 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Yhadira Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Yhadira Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Yhadira Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Yhadira Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Yhadira Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>270</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Yhadira Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Yhadira Barajas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Shane Barbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shane Barbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shane Barbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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8/22/2017	Shane Barbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shane Barbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shane Barbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shane Barbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shane Barbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 272 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Shane Barbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shane Barbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shane Barbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Finizia Barberi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Finizia Barberi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 273 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Finizia Barberi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Finizia Barberi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Finizia Barberi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Finizia Barberi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Finizia Barberi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 274 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Finizia Barberi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Finizia Barberi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Finizia Barberi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Finizia Barberi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Adela Barbosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>275</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Adela Barbosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Adela Barbosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Adela Barbosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Adela Barbosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Adela Barbosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 276 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Adela Barbosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Adela Barbosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Adela Barbosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Adela Barbosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Adela Barbosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 277 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Yelena Barboza-Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Yelena Barboza-Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Yelena Barboza-Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Yelena Barboza-Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Yelena Barboza-Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>278</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Yelena Barboza-Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Yelena Barboza-Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Yelena Barboza-Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Yelena Barboza-Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Yelena Barboza-Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>279</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Eric Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eric Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 280 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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10/3/2017	Eric Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 281 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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12/12/2017	Eric Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eugene Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eugene Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eugene Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eugene Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 282 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/3/2017	Eugene Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eugene Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eugene Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eugene Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>283</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Eugene Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eugene Barela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Trevor Barkley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Trevor Barkley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Trevor Barkley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 284 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Trevor Barkley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Trevor Barkley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Trevor Barkley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Trevor Barkley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Trevor Barkley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>285</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Trevor Barkley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Trevor Barkley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Trevor Barkley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Barmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Barmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 286 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jonathan Barmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Barmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Barmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Barmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Barmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 287 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jonathan Barmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Barmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Barmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Barmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alex Barrera Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 288 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Alex Barrera Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Alex Barrera Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Alex Barrera Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Alex Barrera Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Alex Barrera Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 289 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Alex Barrera Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Alex Barrera Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Alex Barrera Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Alex Barrera Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Alex Barrera Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 290 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Alejandro Barrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alejandro Barrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alejandro Barrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alejandro Barrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alejandro Barrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 291 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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10/3/2017	Alejandro Barrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alejandro Barrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alejandro Barrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alejandro Barrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alejandro Barrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>292</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Alejandro Barrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Paul Barrie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Barrie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Paul Barrie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Paul Barrie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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9/19/2017	Paul Barrie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Paul Barrie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Paul Barrie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Paul Barrie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Paul Barrie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 294 of 4281

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11/28/2017	Paul Barrie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Barrie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Valerie Barron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Valerie Barron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Valerie Barron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

***Contributor Codes**

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 295 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Valerie Barron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Valerie Barron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Valerie Barron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Valerie Barron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Valerie Barron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 296 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Valerie Barron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Valerie Barron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Valerie Barron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Barta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Barta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 297 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michael Barta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Barta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Barta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Barta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Barta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet)

Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 298 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Barta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Barta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Barta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Barta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Bassett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>299</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Christopher Bassett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Bassett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Bassett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Bassett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Bassett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 300 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Christopher Bassett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Bassett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Bassett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Bassett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Bassett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 301 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Melissa Batson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Melissa Batson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Melissa Batson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Melissa Batson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Melissa Batson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>302</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Melissa Batson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Melissa Batson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Melissa Batson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Melissa Batson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Melissa Batson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 303 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Melissa Batson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Battisti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Battisti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Battisti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Battisti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 304 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Michael Battisti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Battisti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Battisti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Battisti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Battisti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>305</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Michael Battisti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Battisti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Bauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Bauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Bauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 306 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	David Bauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Bauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Bauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Bauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Bauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 307 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	David Bauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Bauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Bauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Baxter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Baxter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>308</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Robert Baxter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Baxter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Baxter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Baxter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Baxter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 309 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Robert Baxter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Baxter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Baxter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Baxter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rolando Bayaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 310 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Rolando Bayaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rolando Bayaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rolando Bayaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rolando Bayaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rolando Bayaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 311 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Rolando Bayaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rolando Bayaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rolando Bayaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rolando Bayaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rolando Bayaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>312</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Christopher Bean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Bean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Bean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Bean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Bean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>313</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Christopher Bean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Bean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Bean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Bean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Bean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 314 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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12/12/2017	Christopher Bean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Beardslee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Beardslee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Beardslee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Beardslee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 315 of 4281

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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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9/19/2017	Richard Beardslee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Beardslee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Beardslee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Beardslee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Beardslee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 316 of 4281

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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/28/2017	Richard Beardslee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Beardslee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Danny Beare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Danny Beare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Danny Beare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 317 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/22/2017	Danny Beare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Danny Beare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Danny Beare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Danny Beare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Danny Beare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 318 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Danny Beare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Danny Beare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Danny Beare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Wendi Beaton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Wendi Beaton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 319 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Wendi Beaton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Wendi Beaton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Wendi Beaton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Wendi Beaton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Wendi Beaton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 320 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Wendi Beaton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Wendi Beaton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Wendi Beaton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Wendi Beaton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Victoria Becerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>321</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Victoria Becerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Victoria Becerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Victoria Becerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Victoria Becerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Victoria Becerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 322 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Victoria Becerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Victoria Becerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Victoria Becerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Victoria Becerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Victoria Becerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>323</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Mark Bechel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Bechel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mark Bechel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mark Bechel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mark Bechel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 324 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Mark Bechel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Bechel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mark Bechel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Bechel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Bechel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 325 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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12/12/2017	Mark Bechel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Thomas Bechtol San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Thomas Bechtol San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Thomas Bechtol San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Thomas Bechtol San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 326 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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9/19/2017	Thomas Bechtol San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Thomas Bechtol San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Thomas Bechtol San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Thomas Bechtol San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Thomas Bechtol San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 327 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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12/12/2017	Thomas Bechtol San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brandon Becker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brandon Becker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brandon Becker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 328 of 4281

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9/19/2017	Brandon Becker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brandon Becker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brandon Becker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>329</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Brandon Becker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brandon Becker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brandon Becker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Zachary Beckum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Zachary Beckum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 330 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Zachary Beckum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Zachary Beckum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Zachary Beckum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Zachary Beckum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Zachary Beckum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 331 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Zachary Beckum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Zachary Beckum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Zachary Beckum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Zachary Beckum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Beidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 332 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Matthew Beidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Beidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Matthew Beidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew Beidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Beidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 333 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Matthew Beidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Matthew Beidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Matthew Beidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Beidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Beidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>334</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Marc Beitler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marc Beitler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Marc Beitler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Marc Beitler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Marc Beitler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 335 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Marc Beitler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Marc Beitler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Marc Beitler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Marc Beitler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Marc Beitler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 336 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Marc Beitler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Bell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Bell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Bell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Bell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 337 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Michael Bell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Bell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Bell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Bell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Bell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 338 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Michael Bell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Bell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alfredo Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alfredo Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alfredo Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>339</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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8/22/2017	Alfredo Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alfredo Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alfredo Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alfredo Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alfredo Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 340 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Alfredo Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alfredo Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alfredo Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Johanna Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Johanna Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 341 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Johanna Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Johanna Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Johanna Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Johanna Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Johanna Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>342</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Johanna Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Johanna Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Johanna Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Johanna Beltran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 343 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jonathan Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 344 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jonathan Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 345 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Tyler Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tyler Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tyler Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Tyler Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tyler Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>346</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Tyler Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tyler Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tyler Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tyler Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tyler Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>347</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Tyler Bengard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jerry Benjamin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jerry Benjamin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jerry Benjamin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jerry Benjamin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet)

Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through		12/31/2017
Page 348 of 4281		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jerry Benjamin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jerry Benjamin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jerry Benjamin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jerry Benjamin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jerry Benjamin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 349 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jerry Benjamin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jerry Benjamin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Stanley Bennett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stanley Bennett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Stanley Bennett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 350 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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9/19/2017	Stanley Bennett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Stanley Bennett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stanley Bennett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Stanley Bennett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 351 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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11/28/2017	Stanley Bennett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Stanley Bennett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Curtis Bennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Curtis Bennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 352 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Curtis Bennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Curtis Bennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Curtis Bennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Curtis Bennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Curtis Bennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 353 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Curtis Bennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Curtis Bennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Curtis Bennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Curtis Bennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shane Benschop San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 354 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Shane Benschop San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shane Benschop San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shane Benschop San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shane Benschop San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shane Benschop San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 355 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Shane Benschop San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shane Benschop San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shane Benschop San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shane Benschop San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shane Benschop San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 356 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Ashleigh Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ashleigh Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ashleigh Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ashleigh Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ashleigh Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>357</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Ashleigh Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ashleigh Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ashleigh Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ashleigh Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ashleigh Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 358 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Ashleigh Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 359 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Brian Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>360</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Brian Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Berg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joanna Bermuda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joanna Bermuda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joanna Bermuda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>361</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Joanna Bermuda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joanna Bermuda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joanna Bermuda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joanna Bermuda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>362</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/15/2017	Joanna Bermuda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joanna Bermuda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joanna Bermuda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Julio Bernal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Julio Bernal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 363 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Julio Bernal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Julio Bernal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Julio Bernal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Julio Bernal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Julio Bernal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 364 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Julio Bernal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Julio Bernal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Julio Bernal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Julio Bernal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 365 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Christopher Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 366 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Christopher Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>367</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Lorraine Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lorraine Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lorraine Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lorraine Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lorraine Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>368</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Lorraine Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lorraine Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lorraine Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lorraine Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lorraine Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>369</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Lorraine Bertetto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Berumen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Berumen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Berumen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daniel Berumen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>370</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Daniel Berumen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Berumen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Berumen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Berumen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Berumen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 371 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Daniel Berumen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Berumen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nicole Besera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Nicole Besera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Nicole Besera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>372</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Nicole Besera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Nicole Besera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Nicole Besera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Nicole Besera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Nicole Besera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 373 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/28/2017	Nicole Besera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Nicole Besera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Richard Bessinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Bessinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Bessinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 374 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Richard Bessinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Richard Bessinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Bessinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Bessinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Bessinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 375 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Richard Bessinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Richard Bessinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Bessinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cody Bevan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Cody Bevan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 376 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Cody Bevan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cody Bevan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cody Bevan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cody Bevan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Cody Bevan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 377 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Cody Bevan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cody Bevan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cody Bevan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cody Bevan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lance Beyerle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 378 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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7/20/2017	Lance Beyerle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lance Beyerle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lance Beyerle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lance Beyerle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lance Beyerle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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10/17/2017	Lance Beyerle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lance Beyerle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lance Beyerle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lance Beyerle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lance Beyerle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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7/11/2017	Andrew Bezdek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Andrew Bezdek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Andrew Bezdek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Andrew Bezdek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Andrew Bezdek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Andrew Bezdek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Andrew Bezdek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Andrew Bezdek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Andrew Bezdek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Andrew Bezdek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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12/12/2017	Andrew Bezdek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Scott Bibeau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Scott Bibeau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Scott Bibeau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Scott Bibeau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 383 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/3/2017	Scott Bibeau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Scott Bibeau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Scott Bibeau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Scott Bibeau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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12/12/2017	Scott Bibeau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Amy Bilbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Amy Bilbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Amy Bilbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 385 of 4281

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9/19/2017	Amy Bilbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Amy Bilbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Amy Bilbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Amy Bilbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 386 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Amy Bilbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Amy Bilbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Amy Bilbao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Billings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Billings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 387 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jonathan Billings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Billings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Billings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Billings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Billings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 388 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Jonathan Billings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Billings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Billings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Billings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Bingham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 389 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/20/2017	Christopher Bingham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Bingham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Bingham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Bingham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Bingham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 390 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Christopher Bingham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Bingham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Bingham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Bingham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Bingham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Eric Blackard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Blackard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Blackard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eric Blackard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Blackard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 392 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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10/17/2017	Eric Blackard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Blackard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Blackard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Blackard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 393 of 4281

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NAME OF FILER

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12/12/2017	Eric Blackard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Aaron Blades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Aaron Blades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Aaron Blades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Aaron Blades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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SCHEDULE A (CONT.)

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through <u>12/31/2017</u>		
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NAME OF FILER

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10/3/2017	Aaron Blades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Aaron Blades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Aaron Blades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Aaron Blades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Aaron Blades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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SCHEDULE A (CONT.)

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12/12/2017	Aaron Blades San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	James Blankenship San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Blankenship San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Blankenship San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/3/2017	James Blankenship San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	James Blankenship San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	James Blankenship San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	James Blankenship San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 397 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	James Blankenship San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James Blankenship San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Horace Boatwright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Horace Boatwright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Horace Boatwright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>398</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Horace Boatwright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Horace Boatwright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Horace Boatwright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Horace Boatwright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Horace Boatwright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>399</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Horace Boatwright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Horace Boatwright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Horace Boatwright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Peter Bockman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Peter Bockman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>400</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Peter Bockman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Peter Bockman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Peter Bockman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Peter Bockman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Peter Bockman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 401 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Peter Bockman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Peter Bockman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Peter Bockman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Peter Bockman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Boeger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 402 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Richard Boeger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Boeger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Boeger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Richard Boeger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Boeger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 403 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Richard Boeger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Boeger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Boeger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Richard Boeger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Boeger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 404 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kevin Bogart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kevin Bogart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kevin Bogart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kevin Bogart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kevin Bogart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 405 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kevin Bogart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kevin Bogart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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11/15/2017	Kevin Bogart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kevin Bogart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 406 of 4281

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NAME OF FILER

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7/11/2017	Ryan Boggust San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Boggust San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 407 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/31/2017	Ryan Boggust San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ryan Boggust San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 408 of 4281

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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/28/2017	Ryan Boggust San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ryan Boggust San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeffrey Bohner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey Bohner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeffrey Bohner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 409 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jeffrey Bohner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Jeffrey Bohner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeffrey Bohner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>410</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/28/2017	Jeffrey Bohner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeffrey Bohner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Danielle Boldt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Danielle Boldt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>411</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 412 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/28/2017	Danielle Boldt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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8/9/2017	Leland Boldt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Leland Boldt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Leland Boldt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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10/31/2017	Leland Boldt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Leland Boldt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Leland Boldt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Leland Boldt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/11/2017	Timothy Bolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Timothy Bolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Timothy Bolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Timothy Bolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Timothy Bolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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11/28/2017	Timothy Bolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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through <u>12/31/2017</u>		
		Page <u>417</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Glenn Bonde San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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7/11/2017	Gene Bonner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gene Bonner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gene Bonner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 420 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Gene Bonner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gene Bonner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gene Bonner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gene Bonner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gene Bonner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>421</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Gene Bonner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gene Bonner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gene Bonner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shaunie Bostick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shaunie Bostick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>422</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Shaunie Bostick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shaunie Bostick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shaunie Bostick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shaunie Bostick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shaunie Bostick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>423</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Shaunie Bostick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shaunie Bostick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shaunie Bostick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shaunie Bostick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Boyd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>424</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Robert Boyd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Boyd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Boyd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Boyd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Boyd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 425 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Robert Boyd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Boyd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Boyd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Boyd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 426 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Thomas Boydston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Thomas Boydston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Thomas Boydston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Thomas Boydston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Thomas Boydston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>427</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/31/2017	Thomas Boydston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Thomas Boydston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Thomas Boydston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 428 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Thomas Boyles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Thomas Boyles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Thomas Boyles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Thomas Boyles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>429</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/3/2017	Thomas Boyles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Thomas Boyles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Thomas Boyles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Thomas Boyles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>430</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/28/2017	Thomas Boyles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Thomas Boyles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Olivia Bozek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Olivia Bozek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Olivia Bozek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 431 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Olivia Bozek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Olivia Bozek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Olivia Bozek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Olivia Bozek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Olivia Bozek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>432</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Olivia Bozek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Olivia Bozek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Olivia Bozek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joe Braaten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joe Braaten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>433</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Joe Braaten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joe Braaten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joe Braaten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joe Braaten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joe Braaten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 434 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Joe Braaten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joe Braaten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joe Braaten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joe Braaten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Danielle Bracamontes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>435</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Danielle Bracamontes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Danielle Bracamontes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Danielle Bracamontes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Danielle Bracamontes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Danielle Bracamontes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 436 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Danielle Bracamontes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Danielle Bracamontes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Danielle Bracamontes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Danielle Bracamontes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Danielle Bracamontes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 437 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Eric Bradshaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Bradshaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Bradshaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eric Bradshaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Bradshaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>438</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Eric Bradshaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Bradshaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Bradshaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Bradshaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Bradshaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 439 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Eric Bradshaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michelle Brand San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/20/2017	Michelle Brand San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/9/2017	Michelle Brand San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/22/2017	Michelle Brand San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 440 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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9/19/2017	Michelle Brand San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/3/2017	Michelle Brand San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/17/2017	Michelle Brand San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/31/2017	Michelle Brand San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/11/2017	Clayton Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>441</u> of <u>4281</u>
		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 442 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Clayton Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Clayton Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Clayton Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Clayton Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Clayton Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>443</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Derek Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Derek Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Derek Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Derek Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Derek Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 444 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Derek Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Derek Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Derek Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Derek Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Derek Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>445</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Derek Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gary Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gary Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gary Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gary Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 446 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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10/3/2017	Gary Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gary Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gary Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gary Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>447</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Gary Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gary Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 448 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Michael Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 449 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Michael Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Brandt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jordan Bray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Jordan Bray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 450 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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8/9/2017	Jordan Bray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Jordan Bray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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10/3/2017	Jordan Bray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Jordan Bray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 451 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Jordan Bray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Jordan Bray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Jordan Bray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Jordan Bray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Austin Bremer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>452</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/20/2017	Austin Bremer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Austin Bremer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Austin Bremer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Austin Bremer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>453</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/31/2017	Austin Bremer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Austin Bremer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Austin Bremer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Austin Bremer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 454 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Ronald Brewington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ronald Brewington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ronald Brewington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ronald Brewington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ronald Brewington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 455 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Ronald Brewington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ronald Brewington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ronald Brewington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ronald Brewington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ronald Brewington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 456 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Ronald Brewington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dominique Bright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dominique Bright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dominique Bright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dominique Bright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 457 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Dominique Bright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Dominique Bright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dominique Bright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dominique Bright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dominique Bright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>458</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Dominique Bright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dominique Bright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Douglas Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Douglas Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Douglas Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>459</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Douglas Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Douglas Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Douglas Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Douglas Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Douglas Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 460 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Douglas Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Douglas Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Douglas Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brent Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Brent Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>461</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Brent Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Brent Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Brent Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Brent Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Brent Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>462</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Brent Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Brent Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Brent Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Brent Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Ray Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 463 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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7/20/2017	Ray Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ray Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ray Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ray Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ray Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>464</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/17/2017	Ray Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ray Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ray Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ray Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ray Briones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>465</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Julia Briseno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Julia Briseno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Julia Briseno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Julia Briseno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Julia Briseno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>466</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Julia Briseno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Julia Briseno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Julia Briseno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Julia Briseno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Julia Briseno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 467 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Julia Briseno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Audrey Brooks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Audrey Brooks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Audrey Brooks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Audrey Brooks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 468 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Audrey Brooks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Audrey Brooks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Audrey Brooks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Audrey Brooks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>469</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Audrey Brooks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Audrey Brooks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michelle Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michelle Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michelle Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 470 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Michelle Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michelle Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michelle Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michelle Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 471 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Michelle Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michelle Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michelle Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ryan Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>472</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Ryan Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ryan Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ryan Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ryan Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ryan Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 473 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ryan Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ryan Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ryan Brosowske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Charles Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 474 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>475</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/31/2017	Charles Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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11/28/2017	Charles Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>476</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Robert Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>477</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Robert Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>478</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Robert Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Troy Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Troy Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Troy Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Troy Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>479</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Troy Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Troy Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Troy Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Troy Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Troy Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 480 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Troy Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Troy Brown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kassie Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kassie Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kassie Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 481 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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8/22/2017	Kassie Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kassie Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kassie Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kassie Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kassie Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 482 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Kassie Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kassie Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kassie Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kristy Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kristy Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>483</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Kristy Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kristy Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kristy Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kristy Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kristy Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Kristy Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kristy Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kristy Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kristy Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marion Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 485 of 4281

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7/20/2017	Marion Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Marion Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Marion Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Marion Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Marion Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/17/2017	Marion Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Marion Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Marion Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Marion Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Marion Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

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through <u>12/31/2017</u>		
		Page <u>487</u> of <u>4281</u>
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7/11/2017	Ronald Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ronald Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ronald Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Ronald Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Ronald Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ronald Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

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12/12/2017	Ronald Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	William Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	William Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	William Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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10/31/2017	William Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	William Browne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/11/2017	Julie Brumm-Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Julie Brumm-Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Julie Brumm-Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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9/19/2017	Julie Brumm-Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/17/2017	Julie Brumm-Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/28/2017	Julie Brumm-Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Julie Brumm-Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kenneth Bubier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kenneth Bubier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/3/2017	Kenneth Bubier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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11/15/2017	Kenneth Bubier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kenneth Bubier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kenneth Bubier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ian Buchowiecki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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8/9/2017	Ian Buchowiecki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/31/2017	Ian Buchowiecki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ian Buchowiecki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ian Buchowiecki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ian Buchowiecki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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7/11/2017	Travis Buell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Travis Buell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Travis Buell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Travis Buell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 499 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Travis Buell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Travis Buell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Travis Buell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Travis Buell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Travis Buell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>500</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Travis Buell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kevyn Bullard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kevyn Bullard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kevyn Bullard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 501 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Kevyn Bullard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kevyn Bullard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kevyn Bullard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kevyn Bullard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>502</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Kevyn Bullard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jennifer Burkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jennifer Burkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jennifer Burkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 503 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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9/19/2017	Jennifer Burkhardt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jennifer Burkhardt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jennifer Burkhardt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 504 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/28/2017	Jennifer Burkhardt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jennifer Burkhardt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	William Burnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	William Burnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 505 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/3/2017	William Burnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 506 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/15/2017	William Burnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	William Burnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	William Burnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	William Burnett Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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8/9/2017	William Burnett Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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from	07/01/2017	
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10/31/2017	William Burnett Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	William Burnett Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	William Burnett Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	William Burnett Jr. San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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from 07/01/2017		
through 12/31/2017		Page 509 of 4281

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7/11/2017	Latanya Burnett-Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Latanya Burnett-Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Latanya Burnett-Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Latanya Burnett-Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Latanya Burnett-Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 510 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Latanya Burnett-Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Latanya Burnett-Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Latanya Burnett-Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Latanya Burnett-Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Latanya Burnett-Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Latanya Burnett-Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Burnette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Burnette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Burnette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Burnette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 512 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jonathan Burnette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Burnette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Burnette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Burnette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Burnette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jonathan Burnette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Burnette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jarrod Burns San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jarrod Burns San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jarrod Burns San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Jarrod Burns San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jarrod Burns San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jarrod Burns San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jarrod Burns San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jarrod Burns San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jarrod Burns San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jarrod Burns San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kim Burris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kim Burris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Kim Burris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kim Burris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kim Burris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kim Burris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kim Burris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Kim Burris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kim Burris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kim Burris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kim Burris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Anthony Buscemi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>518</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/20/2017	Anthony Buscemi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Anthony Buscemi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Anthony Buscemi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Anthony Buscemi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Anthony Buscemi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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from	07/01/2017	
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10/31/2017	Anthony Buscemi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Anthony Buscemi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Anthony Buscemi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Anthony Buscemi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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7/11/2017	Kelly Bush San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kelly Bush San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/17/2017	Kelly Bush San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kelly Bush San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kelly Bush San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kelly Bush San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 522 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Kelly Bush San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Buss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Buss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Buss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Buss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

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from	07/01/2017	
through	12/31/2017	Page 523 of 4281

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10/17/2017	Richard Buss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Buss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Buss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>524</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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12/12/2017	Richard Buss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Adrian Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Adrian Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Adrian Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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through 12/31/2017		Page 525 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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9/19/2017	Adrian Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Adrian Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Adrian Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Adrian Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/15/2017	Adrian Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Adrian Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Adrian Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joseph Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/22/2017	Joseph Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/17/2017	Joseph Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/15/2017	Joseph Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Bustamante San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	William Busto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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11/28/2017	William Busto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>533</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Adriana Butler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
7/11/2017	Lashawndra Butler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lashawndra Butler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lashawndra Butler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lashawndra Butler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>534</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Lashawndra Butler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lashawndra Butler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lashawndra Butler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lashawndra Butler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lashawndra Butler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 535 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Lashawndra Butler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lashawndra Butler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Beau Butters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Beau Butters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Beau Butters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>536</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Beau Butters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Beau Butters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Beau Butters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Beau Butters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Beau Butters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 537 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Beau Butters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Beau Butters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Beau Butters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Butts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Butts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 538 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Brian Butts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Butts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Butts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Butts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Butts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>539</u> of <u>4281</u>		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Brian Butts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Butts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Butts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Butts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ronald Byers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 540 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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7/20/2017	Ronald Byers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ronald Byers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ronald Byers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ronald Byers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ronald Byers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Ronald Byers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ronald Byers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ronald Byers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ronald Byers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ronald Byers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 542 of 4281

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7/11/2017	Sean Byrne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sean Byrne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sean Byrne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sean Byrne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sean Byrne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>543</u> of <u>4281</u>
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10/3/2017	Sean Byrne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sean Byrne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sean Byrne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sean Byrne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sean Byrne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 544 of 4281

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12/12/2017	Sean Byrne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gloria Cabada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gloria Cabada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gloria Cabada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gloria Cabada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 545 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Gloria Cabada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gloria Cabada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gloria Cabada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gloria Cabada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gloria Cabada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 546 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Gloria Cabada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gloria Cabada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Fernando Caballero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Fernando Caballero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Fernando Caballero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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8/22/2017	Fernando Caballero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Fernando Caballero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Fernando Caballero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Fernando Caballero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Fernando Caballero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Fernando Caballero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Fernando Caballero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Fernando Caballero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Thamara Cabrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Thamara Cabrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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SCHEDULE A (CONT.)

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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Thamara Cabrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Thamara Cabrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Thamara Cabrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Thamara Cabrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Thamara Cabrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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10/31/2017	Thamara Cabrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Thamara Cabrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	David Caddel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Caddel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Caddel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/22/2017	David Caddel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Caddel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Caddel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Caddel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Caddel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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11/15/2017	David Caddel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Caddel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Caddel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jennah Cadilli-Contreras San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jennah Cadilli-Contreras San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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8/9/2017	Jennah Cadilli-Contreras San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jennah Cadilli-Contreras San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jennah Cadilli-Contreras San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jennah Cadilli-Contreras San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jennah Cadilli-Contreras San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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11/15/2017	Jennah Cadilli-Contreras San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jennah Cadilli-Contreras San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jennah Cadilli-Contreras San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Cadogan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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7/20/2017	John Cadogan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Cadogan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	John Cadogan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 556 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	John Cadogan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Cadogan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Cadogan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Cadogan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>557</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jonathon Cahow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathon Cahow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathon Cahow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 558 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Jonathon Cahow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathon Cahow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathon Cahow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathon Cahow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 559 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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7/11/2017	Naomi Calderon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Naomi Calderon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Naomi Calderon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 560 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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10/3/2017	Naomi Calderon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Naomi Calderon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Naomi Calderon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Naomi Calderon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 561 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Naomi Calderon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Calvert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Calvert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Calvert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 562 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 563 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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7/11/2017	Angela Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 564 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 565 of 4281

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7/11/2017	Carlos Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 566 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 567 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Carlos Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Carlos Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Carlos Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Carlos Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Carlos Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 568 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Raymond Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Raymond Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Raymond Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Raymond Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Raymond Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 569 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Raymond Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Raymond Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Raymond Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Raymond Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Raymond Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>570</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Raymond Camacho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Don Campas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Don Campas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Don Campas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Don Campas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 571 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Don Campas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/31/2017	Don Campas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Don Campas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 572 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Don Campas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Don Campas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Debra Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Debra Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Debra Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 573 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Debra Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Debra Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Debra Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Debra Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 574 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Debra Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Debra Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Debra Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kory Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kory Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 575 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Kory Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kory Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kory Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kory Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>576</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/31/2017	Kory Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kory Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kory Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kory Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tony Campisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 577 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/20/2017	Tony Campisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tony Campisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 578 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Tony Campisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tony Campisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tony Campisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tony Campisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tony Campisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 579 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/20/2017	Edgar Campos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Edgar Campos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 580 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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11/15/2017	Edgar Campos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Edgar Campos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 581 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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7/11/2017	Natthaniel Campos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 582 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 583 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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12/12/2017	Natthaniel Campos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kelli Cannon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kelli Cannon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kelli Cannon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 584 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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10/31/2017	Kelli Cannon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 585 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Kelli Cannon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kelli Cannon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Armando Cantu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Armando Cantu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 586 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 587 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/28/2017	Armando Cantu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Armando Cantu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeri Caperton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 588 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 589 of 4281

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10/31/2017	Jeri Caperton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeri Caperton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeri Caperton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeri Caperton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 590 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Monique Carabajal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Monique Carabajal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Monique Carabajal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Monique Carabajal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Monique Carabajal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 591 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Monique Carabajal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Monique Carabajal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Monique Carabajal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Monique Carabajal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Monique Carabajal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>592</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Monique Carabajal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Anthony Carbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Anthony Carbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Anthony Carbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Anthony Carbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>593</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Anthony Carbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Anthony Carbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Anthony Carbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Anthony Carbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Anthony Carbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 594 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Anthony Carbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Anthony Carbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Adrian Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Adrian Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Adrian Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 595 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Adrian Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Adrian Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Adrian Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Adrian Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Adrian Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 596 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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11/15/2017	Adrian Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Adrian Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Adrian Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Yesenia Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Yesenia Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 597 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Yesenia Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Yesenia Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Yesenia Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Yesenia Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Yesenia Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/15/2017	Yesenia Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Yesenia Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Yesenia Cardenas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Zachary Carlos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 599 of 4281

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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Zachary Carlos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Zachary Carlos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Zachary Carlos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>601</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	William Carlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	William Carlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	William Carlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	William Carlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	William Carlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>602</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/15/2017	William Carlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	William Carlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>603</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Neil Carnes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>604</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>605</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>606</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 607 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Nickolas Caronna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>608</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 609 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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11/28/2017	Nickolas Caronna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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7/11/2017	David Carpenter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 610 of 4281

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SCHEDULE A (CONT.)

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from 07/01/2017		
through 12/31/2017		Page 611 of 4281

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		Page <u>612</u> of <u>4281</u>
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7/11/2017	Gregg Carpenter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gregg Carpenter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gregg Carpenter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gregg Carpenter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gregg Carpenter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 613 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Gregg Carpenter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gregg Carpenter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gregg Carpenter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gregg Carpenter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gregg Carpenter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 614 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Gregg Carpenter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Evelio Carrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Evelio Carrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Evelio Carrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Evelio Carrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 615 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Evelio Carrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Evelio Carrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Evelio Carrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Evelio Carrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Evelio Carrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 616 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Evelio Carrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Evelio Carrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Carrico San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Carrico San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Carrico San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 617 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Christopher Carrico San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Carrico San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Carrico San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Carrico San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Carrico San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 618 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Christopher Carrico San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Carrico San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Carrico San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jose Carrillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jose Carrillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 619 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jose Carrillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jose Carrillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jose Carrillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jose Carrillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jose Carrillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 620 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jose Carrillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jose Carrillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jose Carrillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jose Carrillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gary Carrithers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 621 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/20/2017	Gary Carrithers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gary Carrithers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gary Carrithers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gary Carrithers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gary Carrithers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>622</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/17/2017	Gary Carrithers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gary Carrithers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gary Carrithers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gary Carrithers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gary Carrithers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 623 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/11/2017	Charte Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Charte Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Charte Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Charte Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Charte Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

***Contributor Codes**

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 624 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Charte Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Charte Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Charte Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Charte Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Charte Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 625 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Charte Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joseph Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joseph Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 626 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Joseph Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joseph Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joseph Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joseph Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 627 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Joseph Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Carroll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rusty Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rusty Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rusty Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 628 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Rusty Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rusty Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rusty Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rusty Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rusty Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 629 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Rusty Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rusty Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rusty Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
7/20/2017	Steven Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>630</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Steven Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
8/22/2017	Steven Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
9/19/2017	Steven Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
10/3/2017	Steven Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
10/17/2017	Steven Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 631 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Steven Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
11/15/2017	Steven Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
11/28/2017	Steven Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
12/12/2017	Steven Carter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
7/11/2017	Justin Carty San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 632 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Justin Carty San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Justin Carty San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Justin Carty San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Justin Carty San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Justin Carty San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 633 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Justin Carty San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Justin Carty San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Justin Carty San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Justin Carty San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Michael Cary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 634 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Michael Cary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Cary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Cary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Cary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Cary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 635 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Michael Cary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Cary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Cary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Cary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Cary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 636 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Michelle Casas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michelle Casas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michelle Casas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michelle Casas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michelle Casas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 637 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Michelle Casas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michelle Casas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michelle Casas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michelle Casas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 638 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/11/2017	Jeffrey Casey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey Casey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 639 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 640 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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12/12/2017	Jeffrey Casey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Cashion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joseph Cashion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Cashion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 641 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 642 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Joseph Cashion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Cashion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Cashion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Maribel Casillas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Maribel Casillas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 643 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 644 of 4281

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NAME OF FILER

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>645</u> of <u>4281</u>		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 646 of 4281

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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Ramon Casillas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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11/28/2017	Ramon Casillas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ramon Casillas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>647</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Ambrosio Castellanos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ambrosio Castellanos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ambrosio Castellanos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ambrosio Castellanos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ambrosio Castellanos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>648</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Ambrosio Castellanos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ambrosio Castellanos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ambrosio Castellanos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ambrosio Castellanos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 649 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Armando Castillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Armando Castillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 650 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Armando Castillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>651</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Armando Castillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ernest Castodio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ernest Castodio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ernest Castodio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>652</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Ernest Castodio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ernest Castodio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ernest Castodio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ernest Castodio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 653 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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11/15/2017	Ernest Castodio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ernest Castodio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ernest Castodio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Paul Castruita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Castruita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 654 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Paul Castruita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Paul Castruita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Paul Castruita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 655 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Paul Castruita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paul Castruita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Castruita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Catalano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 656 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/9/2017	Joseph Catalano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 657 of 4281

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11/28/2017	Joseph Catalano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 658 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Dustin Caudle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dustin Caudle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dustin Caudle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dustin Caudle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dustin Caudle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 659 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Dustin Caudle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dustin Caudle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dustin Caudle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dustin Caudle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dustin Caudle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 660 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Dustin Caudle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Cavender San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Cavender San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Cavender San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Cavender San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>661</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jonathan Cavender San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Cavender San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Cavender San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Cavender San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Cavender San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>662</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Jonathan Cavender San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eric Ceballos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Ceballos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Ceballos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 663 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Eric Ceballos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Ceballos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eric Ceballos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Ceballos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Ceballos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 664 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Eric Ceballos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eric Ceballos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Phillip Cecil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Phillip Cecil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 665 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Phillip Cecil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 666 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/15/2017	Phillip Cecil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Phillip Cecil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Phillip Cecil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Louise Cefalu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 667 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>668</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/28/2017	Louise Cefalu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 669 of 4281

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NAME OF FILER

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1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Adam Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Adam Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Adam Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Adam Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Adam Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>670</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Adam Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Adam Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Adam Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Adam Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Adam Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 671 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Adam Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>672</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Brian Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 673 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Brian Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Cervantes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cesar Chacon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Cesar Chacon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cesar Chacon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 674 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Cesar Chacon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cesar Chacon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cesar Chacon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Cesar Chacon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cesar Chacon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 675 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Cesar Chacon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cesar Chacon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cesar Chacon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ty Chamberlain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ty Chamberlain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 676 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Ty Chamberlain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ty Chamberlain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ty Chamberlain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ty Chamberlain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ty Chamberlain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 677 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ty Chamberlain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ty Chamberlain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ty Chamberlain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ty Chamberlain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Byron Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 678 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Byron Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Byron Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Byron Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Byron Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Byron Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 679 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Byron Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Byron Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Byron Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Byron Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Byron Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>680</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Chris Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Chris Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Chris Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Chris Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Chris Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>681</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Chris Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Chris Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Chris Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Chris Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Chris Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>682</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Chris Chambers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	William Champin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	William Champin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	William Champin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	William Champin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 683 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	William Champin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	William Champin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	William Champin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	William Champin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	William Champin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>684</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	William Champin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	William Champin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brett Chandler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brett Chandler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brett Chandler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 685 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Brett Chandler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brett Chandler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brett Chandler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brett Chandler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 686 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Brett Chandler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brett Chandler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brett Chandler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Chang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Chang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 687 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Brian Chang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Chang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Chang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Chang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Chang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 688 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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11/15/2017	Brian Chang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Chang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Chang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Scott Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 689 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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8/9/2017	Scott Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Scott Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>690</u> of <u>4281</u> I.D. Number 1343640
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NAME OF FILER

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10/31/2017	Scott Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Scott Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Scott Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Scott Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>691</u> of <u>4281</u>		I.D. Number 1343640

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NAME OF FILER

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7/11/2017	Stacey Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stacey Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 692 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Stacey Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stacey Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Stacey Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Stacey Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stacey Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 693 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Stacey Chapdelaine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brianna Chapman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brianna Chapman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brianna Chapman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brianna Chapman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>694</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Brianna Chapman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brianna Chapman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brianna Chapman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brianna Chapman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brianna Chapman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 695 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Brianna Chapman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brianna Chapman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Charbonneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Charbonneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Charbonneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 696 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	John Charbonneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Charbonneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Charbonneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Charbonneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>697</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	John Charbonneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Charbonneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Charbonneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sokly Chau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sokly Chau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 698 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Sokly Chau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sokly Chau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sokly Chau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sokly Chau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sokly Chau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>699</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Sokly Chau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sokly Chau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sokly Chau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sokly Chau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cara Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>700</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Cara Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cara Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cara Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cara Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cara Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 701 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Cara Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cara Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cara Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cara Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cara Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>702</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Mark Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mark Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mark Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mark Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 703 of 4281

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10/3/2017	Mark Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 704 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>705</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 706 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 707 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 708 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 709 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 710 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 711 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 712 of 4281

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NAME OF FILER

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 713 of 4281

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 714 of 4281

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10/31/2017	Carl Chiappone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Carl Chiappone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Carl Chiappone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>715</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Carl Chiappone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lee Chicaul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lee Chicaul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lee Chicaul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lee Chicaul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 716 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Lee Chicaul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lee Chicaul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lee Chicaul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lee Chicaul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lee Chicaul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 717 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Lee Chicaul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lee Chicaul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Thomas Cho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Thomas Cho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Thomas Cho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 718 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Thomas Cho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Thomas Cho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Thomas Cho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Thomas Cho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Thomas Cho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 719 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Thomas Cho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Thomas Cho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Thomas Cho San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nicholas Cifelli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Nicholas Cifelli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 720 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Nicholas Cifelli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Nicholas Cifelli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Nicholas Cifelli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Nicholas Cifelli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Nicholas Cifelli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 721 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Nicholas Cifelli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Nicholas Cifelli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Nicholas Cifelli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Nicholas Cifelli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rachel Cifuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 722 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/20/2017	Rachel Cifuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rachel Cifuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rachel Cifuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rachel Cifuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rachel Cifuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>723</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Rachel Cifuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rachel Cifuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rachel Cifuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rachel Cifuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rachel Cifuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 724 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Christopher Cincotta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Cincotta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Cincotta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Cincotta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Cincotta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>725</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/3/2017	Christopher Cincotta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Cincotta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Cincotta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Cincotta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Cincotta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 726 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Christopher Cincotta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brandon Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brandon Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brandon Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brandon Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 727 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Brandon Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brandon Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brandon Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brandon Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brandon Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>728</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Brandon Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brandon Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rielly Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rielly Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rielly Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>729</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Rielly Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rielly Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rielly Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rielly Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rielly Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 730 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Rielly Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rielly Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rielly Clancy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nicholas Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Nicholas Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 731 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Nicholas Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Nicholas Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Nicholas Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Nicholas Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Nicholas Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>732</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Nicholas Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Nicholas Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Nicholas Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Nicholas Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Percy Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>733</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Percy Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Percy Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Percy Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Percy Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Percy Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 734 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Percy Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Percy Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Percy Clark San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Christopher Clayton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Clayton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 735 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Christopher Clayton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Clayton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Clayton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Clayton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Clayton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 736 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Christopher Clayton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Clayton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Clayton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Clayton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Cleary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 737 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Michael Cleary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Cleary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Cleary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Cleary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Cleary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 738 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Michael Cleary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Cleary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Cleary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Cleary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Cleary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>739</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Don Clem San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Don Clem San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Don Clem San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Don Clem San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Don Clem San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 740 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Don Clem San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Don Clem San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Don Clem San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Don Clem San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Don Clem San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 741 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Don Clem San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Heather Clemmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Heather Clemmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Heather Clemmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Heather Clemmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 742 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Heather Clemmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Heather Clemmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Heather Clemmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Heather Clemmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Heather Clemmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 743 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Heather Clemmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Heather Clemmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Clifford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Clifford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Clifford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 744 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	David Clifford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Clifford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Clifford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Clifford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Clifford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 745 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	David Clifford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Clifford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Clifford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kyle Clifton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kyle Clifton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 746 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Kyle Clifton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kyle Clifton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kyle Clifton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kyle Clifton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kyle Clifton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 747 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Kyle Clifton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kyle Clifton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kyle Clifton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kyle Clifton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Clough San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>748</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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7/20/2017	John Clough San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Clough San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Clough San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Clough San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Clough San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>749</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	John Clough San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Clough San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Clough San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Clough San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Clough San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 750 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Joshwan Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joshwan Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joshwan Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Joshwan Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 751 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Joshwan Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joshwan Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joshwan Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joshwan Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>752</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Joshwan Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Reshawd Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Reshawd Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>753</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Reshawd Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Reshawd Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Reshawd Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Reshawd Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 754 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Reshawd Cobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mely Cobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mely Cobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mely Cobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>755</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Mely Cobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mely Cobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mely Cobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mely Cobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mely Cobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 756 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Mely Cobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mely Cobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Coillot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Coillot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>757</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 758 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/15/2017	Christopher Coillot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Coillot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Coillot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kevin Colbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 759 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>760</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Kevin Colbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kevin Colbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kevin Colbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kevin Colbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kevin Colbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 761 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jason Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jason Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 762 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Jason Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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11/15/2017	Jason Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 763 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Kevin Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 764 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Kevin Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kevin Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>765</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Kevin Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lonnell Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lonnell Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lonnell Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>766</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Lonnell Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lonnell Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lonnell Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lonnell Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>767</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Lonnell Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lonnell Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lonnell Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Todd Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Todd Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 768 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Todd Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Todd Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 769 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/15/2017	Todd Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Todd Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Todd Cole San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bradley Coleman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 770 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 771 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Bradley Coleman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Bradley Coleman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Bradley Coleman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bradley Coleman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 772 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Gina Collette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gina Collette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gina Collette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gina Collette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gina Collette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>773</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Gina Collette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gina Collette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gina Collette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gina Collette San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>774</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Jeffrey Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 775 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Jeffrey Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeffrey Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>776</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Jeffrey Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 777 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Matthew Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Matthew Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Matthew Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 778 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Matthew Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>779</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/3/2017	Richard Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 780 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/15/2017	Richard Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Richard Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ryan Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 781 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 782 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/31/2017	Ryan Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ryan Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ryan Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

***Contributor Codes**

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 783 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Victoria Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Victoria Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Victoria Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Victoria Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Victoria Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 784 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Victoria Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Victoria Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Victoria Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Victoria Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Victoria Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 785 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Victoria Collins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Commander San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Commander San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Commander San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Commander San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 786 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	John Commander San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Commander San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Commander San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Commander San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Commander San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 787 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	John Commander San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Commander San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Compomizzi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Compomizzi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Compomizzi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 788 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	James Compomizzi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	James Compomizzi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	James Compomizzi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	James Compomizzi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	James Compomizzi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 789 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	James Compomizzi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	James Compomizzi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James Compomizzi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Theresa Congdon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Theresa Congdon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 790 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Theresa Congdon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Theresa Congdon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Theresa Congdon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Theresa Congdon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Theresa Congdon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 791 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Theresa Congdon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Theresa Congdon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Theresa Congdon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Theresa Congdon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ronald Conley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 792 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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7/20/2017	Ronald Conley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ronald Conley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ronald Conley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ronald Conley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ronald Conley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>793</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Ronald Conley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ronald Conley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ronald Conley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ronald Conley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 794 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Ryan Conner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Conner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 795 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Ryan Conner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 796 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/11/2017	Kevin Connors San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 797 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 798 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 799 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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Schedule A (Continuation Sheet)

Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 800 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 801 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 802 of 4281

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 803 of 4281

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 804 of 4281

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SCHEDULE A (CONT.)

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from	07/01/2017	
through	12/31/2017	Page 805 of 4281

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7/20/2017	Ryan Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ryan Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ryan Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ryan Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>806</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Ryan Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ryan Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ryan Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ryan Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 807 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Ryan Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steven Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Steven Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Steven Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 808 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Steven Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steven Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steven Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Steven Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Steven Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 809 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Steven Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steven Cook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eliasar Cordero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eliasar Cordero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eliasar Cordero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>810</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Eliasar Cordero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eliasar Cordero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eliasar Cordero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eliasar Cordero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eliasar Cordero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>811</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Eliasar Cordero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eliasar Cordero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eliasar Cordero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christian Cordoba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christian Cordoba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 812 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Christian Cordoba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christian Cordoba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christian Cordoba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christian Cordoba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christian Cordoba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 813 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Christian Cordoba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christian Cordoba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christian Cordoba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christian Cordoba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeremiah Cornett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 814 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jeremiah Cornett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeremiah Cornett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeremiah Cornett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeremiah Cornett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeremiah Cornett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 815 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jeremiah Cornett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeremiah Cornett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeremiah Cornett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeremiah Cornett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeremiah Cornett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 816 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Michael Corral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Corral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Corral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Corral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Corral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>817</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Michael Corral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Corral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Corral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Corral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Corral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>818</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Michael Corral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Katheryn Cortez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Katheryn Cortez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Katheryn Cortez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Katheryn Cortez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>819</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Katheryn Cortez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Katheryn Cortez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Katheryn Cortez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Katheryn Cortez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Katheryn Cortez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 820 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Katheryn Cortez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Giovanni Coss Y Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Giovanni Coss Y Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Giovanni Coss Y Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Giovanni Coss Y Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 821 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Giovanni Coss Y Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Giovanni Coss Y Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Giovanni Coss Y Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Giovanni Coss Y Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Giovanni Coss Y Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>822</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Giovanni Coss Y Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Hector Couret San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Hector Couret San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Hector Couret San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 823 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Hector Couret San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Hector Couret San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Hector Couret San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Hector Couret San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Hector Couret San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 824 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Hector Couret San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Hector Couret San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Hector Couret San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lissett Cova San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lissett Cova San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 825 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Lissett Cova San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lissett Cova San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lissett Cova San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lissett Cova San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lissett Cova San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 826 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Lissett Cova San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lissett Cova San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lissett Cova San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lissett Cova San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeremie Cox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 827 of 4281

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NAME OF FILER

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7/20/2017	Jeremie Cox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeremie Cox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeremie Cox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeremie Cox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeremie Cox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 828 of 4281

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1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jeremie Cox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeremie Cox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeremie Cox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeremie Cox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeremie Cox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 829 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Karen Cragg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Karen Cragg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Karen Cragg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Karen Cragg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Karen Cragg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 830 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Karen Cragg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Karen Cragg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Karen Cragg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Karen Cragg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Karen Cragg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 831 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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7/11/2017	Kelly Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kelly Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kelly Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kelly Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>832</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Kelly Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kelly Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kelly Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kelly Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>833</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Kelly Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nicholas Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Nicholas Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Nicholas Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>834</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Nicholas Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Nicholas Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Nicholas Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Nicholas Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Nicholas Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>835</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Nicholas Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Nicholas Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Nicholas Craig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dolores Crespo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dolores Crespo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 836 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Dolores Crespo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dolores Crespo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dolores Crespo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Dolores Crespo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dolores Crespo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 837 of 4281

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11/28/2017	Dolores Crespo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dolores Crespo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Carly Crews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 838 of 4281

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>839</u> of <u>4281</u>		I.D. Number 1343640

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10/17/2017	Carly Crews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Carly Crews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Carly Crews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Carly Crews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Carly Crews San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>840</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Keri Crosby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Keri Crosby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Keri Crosby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Keri Crosby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Keri Crosby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 841 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Keri Crosby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Keri Crosby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Keri Crosby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Keri Crosby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 842 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Jeffrey Cross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 843 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Jeffrey Cross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeffrey Cross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeffrey Cross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeffrey Cross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 844 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jeffrey Cross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeffrey Cross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Crosswhite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Crosswhite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Crosswhite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>845</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Christopher Crosswhite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Crosswhite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Crosswhite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Crosswhite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Crosswhite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>846</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Christopher Crosswhite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Crosswhite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Crosswhite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Judy Croteau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Judy Croteau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>847</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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8/22/2017	Judy Croteau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Judy Croteau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Judy Croteau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Judy Croteau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 848 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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10/31/2017	Judy Croteau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Judy Croteau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Judy Croteau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Judy Croteau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Crouch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 849 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>850</u> of <u>4281</u> I.D. Number 1343640

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11/15/2017	Robert Crouch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/28/2017	Robert Crouch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
12/12/2017	Robert Crouch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	Shane Crowl San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 851 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Shane Crowl San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shane Crowl San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shane Crowl San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shane Crowl San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shane Crowl San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 852 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Shane Crowl San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shane Crowl San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shane Crowl San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shane Crowl San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shane Crowl San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>853</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Carrie Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Carrie Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Carrie Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Carrie Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Carrie Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>854</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Carrie Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Carrie Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Carrie Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Carrie Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Carrie Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 855 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Carrie Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 856 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	David Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 857 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	David Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Cruz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Charlie Cuellar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Charlie Cuellar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Charlie Cuellar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

***Contributor Codes**

IND - Individual

COM - Recipient Committee
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OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>858</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Charlie Cuellar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Charlie Cuellar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Charlie Cuellar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Charlie Cuellar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Charlie Cuellar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 859 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Charlie Cuellar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Charlie Cuellar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Charlie Cuellar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eric Cuesta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Cuesta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 860 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Eric Cuesta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eric Cuesta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Cuesta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eric Cuesta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Cuesta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 861 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Eric Cuesta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Cuesta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Cuesta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eric Cuesta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alberto Cuevas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 862 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Alberto Cuevas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alberto Cuevas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alberto Cuevas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alberto Cuevas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alberto Cuevas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 863 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Alberto Cuevas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alberto Cuevas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alberto Cuevas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alberto Cuevas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alberto Cuevas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>864</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Stuart Cullum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stuart Cullum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Stuart Cullum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Stuart Cullum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Stuart Cullum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 865 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Stuart Cullum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stuart Cullum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Stuart Cullum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Stuart Cullum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stuart Cullum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 866 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Stuart Cullum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alex Cundieff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alex Cundieff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alex Cundieff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alex Cundieff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 867 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Alex Cundieff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alex Cundieff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alex Cundieff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alex Cundieff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 868 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Alex Cundieff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alex Cundieff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bryant Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Bryant Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Bryant Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 869 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Bryant Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Bryant Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Bryant Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Bryant Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Bryant Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 870 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Bryant Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Bryant Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bryant Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 871 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jason Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jason Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jason Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 872 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/31/2017	Jason Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Stephen Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 873 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/20/2017	Stephen Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Stephen Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Stephen Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Stephen Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Stephen Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 874 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Stephen Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Stephen Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Stephen Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stephen Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Stephen Cunningham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 875 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Adrianne Curayag San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/20/2017	Adrianne Curayag San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/9/2017	Adrianne Curayag San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/22/2017	Adrianne Curayag San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/3/2017	Adrianne Curayag San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>876</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Adrianne Curayag San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/31/2017	Adrianne Curayag San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
11/15/2017	Adrianne Curayag San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
11/28/2017	Adrianne Curayag San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
12/12/2017	Adrianne Curayag San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 877 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jeanette Curiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeanette Curiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeanette Curiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeanette Curiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeanette Curiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>878</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Jeanette Curiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeanette Curiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeanette Curiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeanette Curiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 879 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jeanette Curiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Curtis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Curtis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Curtis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Curtis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 880 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	David Curtis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Curtis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Curtis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Curtis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Curtis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 881 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	David Curtis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Curtis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mike Cusack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mike Cusack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mike Cusack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 882 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Mike Cusack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mike Cusack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mike Cusack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mike Cusack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 883 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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11/28/2017	Mike Cusack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mike Cusack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Chad Cusimano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Chad Cusimano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 884 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 885 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Chad Cusimano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Chad Cusimano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Chad Cusimano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Chad Cusimano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alonzo Daniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 886 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Alonzo Daniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alonzo Daniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alonzo Daniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alonzo Daniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alonzo Daniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 887 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Alonzo Daniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alonzo Daniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alonzo Daniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alonzo Daniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 888 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Dwain Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dwain Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dwain Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dwain Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dwain Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>889</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Dwain Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dwain Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dwain Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dwain Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 890 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Dwain Daniels San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cody Dare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Cody Dare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Cody Dare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Cody Dare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 891 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Cody Dare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Cody Dare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Cody Dare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Cody Dare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Cody Dare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>892</u> of <u>4281</u>		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Cody Dare San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Aliena Darling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Aliena Darling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Aliena Darling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>893</u> of <u>4281</u>		I.D. Number 1343640

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9/19/2017	Aliena Darling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Aliena Darling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Aliena Darling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Aliena Darling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 894 of 4281

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11/28/2017	Aliena Darling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Aliena Darling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mitchell Dattilo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mitchell Dattilo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

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SCHEDULE A (CONT.)

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through <u>12/31/2017</u>		
Page <u>896</u> of <u>4281</u>		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Mitchell Dattilo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mitchell Dattilo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mitchell Dattilo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Fidencio Davalos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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COM - Recipient Committee
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 897 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/9/2017	Fidencio Davalos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Fidencio Davalos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Fidencio Davalos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Fidencio Davalos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 898 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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10/31/2017	Fidencio Davalos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Fidencio Davalos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Fidencio Davalos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Fidencio Davalos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 899 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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7/11/2017	Branden Davault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Branden Davault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>900</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Branden Davault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Branden Davault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Branden Davault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Branden Davault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 901 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Gerald Davenport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gerald Davenport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gerald Davenport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gerald Davenport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>902</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Gerald Davenport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gerald Davenport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gerald Davenport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gerald Davenport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 903 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Gerald Davenport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brad Davies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Brad Davies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Brad Davies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>904</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 905 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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7/11/2017	Athena Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Athena Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>906</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 907 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/28/2017	Athena Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Athena Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Clifton Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/20/2017	Clifton Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/9/2017	Clifton Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
SUBTOTAL						

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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 908 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Clifton Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
9/19/2017	Clifton Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/3/2017	Clifton Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/17/2017	Clifton Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/31/2017	Clifton Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>909</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	David Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 910 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	David Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 911 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	David Davis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Korinne Davis-Lobban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Korinne Davis-Lobban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Korinne Davis-Lobban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Korinne Davis-Lobban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 912 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Korinne Davis-Lobban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Korinne Davis-Lobban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Korinne Davis-Lobban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Korinne Davis-Lobban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Korinne Davis-Lobban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>913</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Korinne Davis-Lobban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Korinne Davis-Lobban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Timothy Day San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Timothy Day San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Timothy Day San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>914</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Timothy Day San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Timothy Day San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Timothy Day San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Timothy Day San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Timothy Day San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 915 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Timothy Day San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Timothy Day San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Timothy Day San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeffrey Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 916 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jeffrey Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeffrey Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeffrey Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeffrey Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeffrey Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 917 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jeffrey Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeffrey Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeffrey Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeffrey Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeremy Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 918 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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7/20/2017	Jeremy Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeremy Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeremy Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeremy Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeremy Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
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(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 919 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jeremy Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeremy Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeremy Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeremy Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeremy Dean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 920 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jeremy DeBerg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeremy DeBerg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeremy DeBerg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeremy DeBerg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeremy DeBerg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>921</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jeremy DeBerg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeremy DeBerg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeremy DeBerg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeremy DeBerg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeremy DeBerg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>922</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jeremy DeBerg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Debevec San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Debevec San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Debevec San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Debevec San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 923 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Richard Debevec San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Debevec San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Debevec San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Debevec San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Debevec San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>924</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Richard Debevec San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Debevec San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robbi Debois San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robbi Debois San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robbi Debois San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 925 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Robbi Debois San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robbi Debois San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robbi Debois San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robbi Debois San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>926</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Robbi Debois San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robbi Debois San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robbi Debois San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Anthony Dececio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Anthony Dececio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>927</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Anthony Dececio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Anthony Dececio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Anthony Dececio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Anthony Dececio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Anthony Dececio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>928</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Anthony Dececio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Anthony Dececio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Anthony Dececio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Anthony Dececio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kasey Decoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 929 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Kasey Decoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kasey Decoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kasey Decoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kasey Decoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kasey Decoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>930</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Kasey Decoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kasey Decoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kasey Decoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kasey Decoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kasey Decoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>931</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kevin DeCoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kevin DeCoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kevin DeCoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kevin DeCoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kevin DeCoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>932</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Kevin DeCoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kevin DeCoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kevin DeCoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kevin DeCoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 933 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Kevin DeCoud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Noel DeDianous San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Noel DeDianous San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Noel DeDianous San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 934 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Noel DeDianous San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Noel DeDianous San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Noel DeDianous San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Noel DeDianous San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 935 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Noel DeDianous San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Noel DeDianous San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Deen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Deen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Deen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 936 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	John Deen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Deen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Deen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Deen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 937 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	John Deen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Deen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Deen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Paul Dejong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Dejong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 938 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Paul Dejong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 939 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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11/15/2017	Paul Dejong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paul Dejong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Dejong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Dekeyrel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 940 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>941</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Christopher Dekeyrel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Dekeyrel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Dekeyrel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Dekeyrel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Dekeyrel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>942</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Tanya Delaney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tanya Delaney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tanya Delaney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Tanya Delaney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tanya Delaney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>943</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Tanya Delaney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tanya Delaney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tanya Delaney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tanya Delaney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tanya Delaney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>944</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Tanya Delaney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Edward Delatorre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Edward Delatorre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Edward Delatorre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Edward Delatorre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>945</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Edward Delatorre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Edward Delatorre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Edward Delatorre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Edward Delatorre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 946 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Edward Delatorre San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jimmy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jimmy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jimmy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 947 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Jimmy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jimmy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jimmy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jimmy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 948 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Jimmy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jimmy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rudy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rudy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 949 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/3/2017	Rudy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rudy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 950 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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10/31/2017	Rudy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rudy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rudy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rudy Delgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Dell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 951 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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8/9/2017	Jason Dell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Jason Dell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 952 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/17/2017	Jason Dell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason Dell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Dell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Dell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Dell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>953</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Michael Delo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Delo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Delo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Delo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Delo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 954 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Michael Delo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Delo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Delo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Delo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Delo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>955</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Michael Delo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gerard Deloria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gerard Deloria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gerard Deloria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gerard Deloria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 956 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Gerard Deloria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gerard Deloria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gerard Deloria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gerard Deloria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gerard Deloria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>957</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Gerard Deloria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gerard Deloria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Francisco DeMara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Francisco DeMara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Francisco DeMara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 958 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Francisco DeMara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Francisco DeMara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Francisco DeMara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Francisco DeMara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Francisco DeMara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 959 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Francisco DeMara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Francisco DeMara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Francisco DeMara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Simon Demuri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Simon Demuri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 960 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Simon Demuri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Simon Demuri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Simon Demuri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Simon Demuri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Simon Demuri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 961 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Simon Demuri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Simon Demuri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Simon Demuri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Simon Demuri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James DeRose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>962</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	James DeRose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James DeRose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	James DeRose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	James DeRose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	James DeRose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 963 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	James DeRose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	James DeRose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	James DeRose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	James DeRose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James DeRose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 964 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jeremy Deruiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeremy Deruiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeremy Deruiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeremy Deruiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeremy Deruiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 965 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jeremy Deruiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeremy Deruiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeremy Deruiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeremy Deruiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeremy Deruiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>966</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jeremy Deruiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason DeSario San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason DeSario San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason DeSario San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason DeSario San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>967</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jason DeSario San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason DeSario San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jason DeSario San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason DeSario San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason DeSario San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 968 of 4281
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jason DeSario San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason DeSario San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tyler DeTrinidad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tyler DeTrinidad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tyler DeTrinidad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 969 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Tyler DeTrinidad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tyler DeTrinidad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tyler DeTrinidad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tyler DeTrinidad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tyler DeTrinidad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 970 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Tyler DeTrinidad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tyler DeTrinidad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tyler DeTrinidad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Deveau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Deveau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 971 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Christopher Deveau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Deveau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Deveau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Deveau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Deveau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 972 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Christopher Deveau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Deveau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Deveau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Deveau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Emily Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 973 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Emily Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Emily Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Emily Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Emily Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Emily Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>974</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/17/2017	Emily Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Emily Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Emily Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Emily Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Emily Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>975</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Ismael Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ismael Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ismael Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ismael Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ismael Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>976</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Ismael Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ismael Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ismael Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ismael Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ismael Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>977</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Ismael Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	James Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>978</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	James Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	James Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	James Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	James Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	James Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 979 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	James Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jesus Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jesus Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jesus Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 980 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jesus Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jesus Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jesus Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jesus Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jesus Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 981 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jesus Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jesus Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jesus Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mike Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mike Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>982</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Mike Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mike Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mike Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mike Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mike Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet)

Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 983 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Mike Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mike Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mike Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mike Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Patricia Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 984 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/20/2017	Patricia Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Patricia Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Patricia Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Patricia Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Patricia Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 985 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/17/2017	Patricia Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Patricia Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Patricia Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Patricia Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Patricia Diaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>986</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/11/2017	Jhocelyn Diaz-Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jhocelyn Diaz-Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jhocelyn Diaz-Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jhocelyn Diaz-Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jhocelyn Diaz-Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
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 (other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 987 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jhocelyn Diaz-Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jhocelyn Diaz-Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jhocelyn Diaz-Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jhocelyn Diaz-Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jhocelyn Diaz-Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 988 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jhocelyn Diaz-Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tommy Dickey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tommy Dickey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tommy Dickey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Tommy Dickey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>989</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Tommy Dickey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tommy Dickey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tommy Dickey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tommy Dickey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tommy Dickey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>990</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Tommy Dickey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tommy Dickey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shannon Dicus San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shannon Dicus San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shannon Dicus San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 991 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Shannon Dicus San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shannon Dicus San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shannon Dicus San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shannon Dicus San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shannon Dicus San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>992</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Shannon Dicus San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shannon Dicus San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shannon Dicus San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeffrey Dieckhoff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey Dieckhoff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>993</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jeffrey Dieckhoff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeffrey Dieckhoff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeffrey Dieckhoff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeffrey Dieckhoff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeffrey Dieckhoff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 994 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jeffrey Dieckhoff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeffrey Dieckhoff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeffrey Dieckhoff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeffrey Dieckhoff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Luke Dilbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 995 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/20/2017	Luke Dilbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Luke Dilbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Luke Dilbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Luke Dilbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Luke Dilbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 996 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Luke Dilbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Luke Dilbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Luke Dilbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Luke Dilbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Luke Dilbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>997</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Raymond DiSalvio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Raymond DiSalvio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Raymond DiSalvio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Raymond DiSalvio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Raymond DiSalvio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 998 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Raymond DiSalvio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Raymond DiSalvio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Raymond DiSalvio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Raymond DiSalvio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Raymond DiSalvio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 999 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Raymond DiSalvio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gregory Ditfurh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gregory Ditfurh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gregory Ditfurh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gregory Ditfurh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1000</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Gregory Ditfurth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gregory Ditfurth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gregory Ditfurth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gregory Ditfurth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gregory Ditfurth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1001 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Gregory Ditfurth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gregory Ditfurth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeffrey Ditsch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey Ditsch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeffrey Ditsch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1002</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jeffrey Ditsch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeffrey Ditsch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeffrey Ditsch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeffrey Ditsch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeffrey Ditsch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1003 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jeffrey Ditsch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeffrey Ditsch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeffrey Ditsch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeffrey Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1004</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jeffrey Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeffrey Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeffrey Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeffrey Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeffrey Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1005 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jeffrey Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeffrey Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeffrey Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeffrey Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tiffany Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1006 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Tiffany Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tiffany Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Tiffany Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tiffany Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tiffany Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1007</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Tiffany Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tiffany Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tiffany Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tiffany Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tiffany Dodson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1008 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/11/2017	William Doemner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	William Doemner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	William Doemner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	William Doemner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	William Doemner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1009</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	William Doemner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	William Doemner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	William Doemner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	William Doemner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	William Doemner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1010</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	William Doemner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bryan Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Bryan Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Bryan Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Bryan Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1011 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Bryan Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Bryan Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Bryan Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Bryan Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Bryan Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1012 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Bryan Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bryan Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gabriel Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gabriel Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gabriel Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1013 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Gabriel Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gabriel Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gabriel Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gabriel Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gabriel Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1014 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Gabriel Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gabriel Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gabriel Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Garry Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Garry Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1015</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Garry Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Garry Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Garry Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Garry Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Garry Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1016</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Garry Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Garry Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Garry Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Garry Dominguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jared Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1017</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jared Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jared Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jared Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jared Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jared Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1018 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jared Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jared Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jared Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jared Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jared Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1019 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/11/2017	Morgan Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Morgan Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Morgan Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Morgan Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Morgan Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1020</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Morgan Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Morgan Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Morgan Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Morgan Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Morgan Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1021</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Morgan Dominick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Owenn Domon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Owenn Domon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Owenn Domon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Owenn Domon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1022 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Owenn Domon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Owenn Domon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Owenn Domon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Owenn Domon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Owenn Domon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1023 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Owenn Domon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Owenn Domon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jesse Doner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jesse Doner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jesse Doner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1024</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jesse Doner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jesse Doner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jesse Doner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jesse Doner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jesse Doner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1025 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jesse Doner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jesse Doner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jesse Doner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Stephen Dorsey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stephen Dorsey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1026 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Stephen Dorsey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Stephen Dorsey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Stephen Dorsey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Stephen Dorsey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stephen Dorsey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1027</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Stephen Dorsey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Stephen Dorsey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stephen Dorsey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Stephen Dorsey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	George Dorta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1028</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	George Dorta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	George Dorta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	George Dorta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	George Dorta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	George Dorta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1029 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	George Dorta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	George Dorta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	George Dorta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	George Dorta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	George Dorta San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1030</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Lennoris Doss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lennoris Doss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lennoris Doss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lennoris Doss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lennoris Doss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1031</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Lennoris Doss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lennoris Doss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lennoris Doss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lennoris Doss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lennoris Doss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1032</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Lennoris Doss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Dotson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Robert Dotson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Robert Dotson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Robert Dotson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1033 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Robert Dotson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Robert Dotson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Robert Dotson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Robert Dotson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Robert Dotson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1034 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Robert Dotson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Robert Dotson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Estralita Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Estralita Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Estralita Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1035 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Estralita Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Estralita Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Estralita Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Estralita Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1036</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Estralita Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Estralita Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Estralita Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Felicia Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Felicia Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1037</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Felicia Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Felicia Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Felicia Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Felicia Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Felicia Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1038</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Felicia Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Felicia Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Felicia Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Felicia Douglas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Wendy Douglas-Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1039</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Wendy Douglas-Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Wendy Douglas-Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Wendy Douglas-Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Wendy Douglas-Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Wendy Douglas-Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1040 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Wendy Douglas-Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Wendy Douglas-Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Wendy Douglas-Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Wendy Douglas-Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1041</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Billy Downey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Billy Downey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1042</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Billy Downey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Billy Downey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Billy Downey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Billy Downey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Billy Downey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1043</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Billy Downey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Darryl Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Darryl Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Darryl Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Darryl Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1044</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Darryl Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Darryl Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Darryl Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Darryl Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Darryl Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1045</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Darryl Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Darryl Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dorian Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dorian Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dorian Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1046</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Dorian Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dorian Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Dorian Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dorian Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dorian Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1047</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Dorian Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dorian Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dorian Drake San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Drayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Drayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1048 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jonathan Drayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Drayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Drayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Drayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Drayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1049 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jonathan Drayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Drayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Drayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Drayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cory Drost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1050</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Cory Drost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cory Drost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cory Drost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cory Drost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cory Drost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1051 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Cory Drost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cory Drost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cory Drost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cory Drost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cory Drost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1052 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Alexandra Duarte San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alexandra Duarte San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alexandra Duarte San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alexandra Duarte San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alexandra Duarte San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1053 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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10/3/2017	Alexandra Duarte San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alexandra Duarte San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alexandra Duarte San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alexandra Duarte San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alexandra Duarte San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1054</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Alexandra Duarte San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lance Duggan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lance Duggan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1055 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Lance Duggan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lance Duggan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lance Duggan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1056</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Lance Duggan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Adam Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1057 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1058 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Adam Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Adam Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Apryl Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Apryl Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1059 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Apryl Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Apryl Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Apryl Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Apryl Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Apryl Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1060 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Apryl Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Apryl Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Apryl Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Apryl Duncan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Amanda Dunn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1061</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/20/2017	Amanda Dunn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Amanda Dunn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Amanda Dunn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Amanda Dunn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Amanda Dunn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1062 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Amanda Dunn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Amanda Dunn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Amanda Dunn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Amanda Dunn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1063 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/11/2017	Vanessa Dupas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Vanessa Dupas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1064 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/15/2017	Vanessa Dupas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Vanessa Dupas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1065</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Vanessa Dupas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Phillip Dupper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Phillip Dupper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Phillip Dupper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Phillip Dupper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1066</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Phillip Dupper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Phillip Dupper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Phillip Dupper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Phillip Dupper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Phillip Dupper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1067</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Phillip Dupper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Phillip Dupper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alejandro Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alejandro Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alejandro Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1068</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Alejandro Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alejandro Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alejandro Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alejandro Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alejandro Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1069 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Alejandro Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alejandro Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alejandro Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jess Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jess Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1070 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jess Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jess Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jess Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jess Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jess Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1071 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jess Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jess Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jess Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jess Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Paul Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1072</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Paul Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Paul Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Paul Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Paul Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Paul Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1073 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Paul Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Paul Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Paul Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paul Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1074 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Randy Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Randy Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Randy Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Randy Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Randy Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1075 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Randy Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Randy Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Randy Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Randy Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Randy Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1076</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Randy Duran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Roosevelt Dutra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Roosevelt Dutra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Roosevelt Dutra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Roosevelt Dutra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1077</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Roosevelt Dutra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Roosevelt Dutra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Roosevelt Dutra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Roosevelt Dutra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Roosevelt Dutra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1078</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Roosevelt Dutra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Roosevelt Dutra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eric Dyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Dyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Dyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1079</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Eric Dyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Dyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eric Dyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Dyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Dyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1080</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Eric Dyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Dyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eric Dyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lecil Dye San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lecil Dye San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1081</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Lecil Dye San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lecil Dye San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lecil Dye San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lecil Dye San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lecil Dye San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1082 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Lecil Dye San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lecil Dye San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lecil Dye San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lecil Dye San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Dyson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1083</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Michael Dyson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Dyson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Dyson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Dyson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Dyson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1084 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Michael Dyson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Dyson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Dyson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Dyson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Dyson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1085</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Dominique Easter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dominique Easter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dominique Easter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dominique Easter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dominique Easter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1086 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Dominique Easter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dominique Easter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dominique Easter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dominique Easter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dominique Easter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1087 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Dominique Easter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Ebron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Ebron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Ebron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daniel Ebron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1088</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Daniel Ebron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Ebron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Ebron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Ebron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Ebron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1089 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Daniel Ebron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Ebron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kenneth Edwards San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kenneth Edwards San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kenneth Edwards San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1090</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Kenneth Edwards San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kenneth Edwards San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kenneth Edwards San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kenneth Edwards San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kenneth Edwards San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1091 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Kenneth Edwards San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kenneth Edwards San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kenneth Edwards San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Amanda Eirich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Amanda Eirich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1092 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Amanda Eirich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Amanda Eirich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Amanda Eirich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Amanda Eirich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Amanda Eirich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1093 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Amanda Eirich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Amanda Eirich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Amanda Eirich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Amanda Eirich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Ekis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1094</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	John Ekis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Ekis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Ekis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Ekis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Ekis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1095</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	John Ekis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Ekis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Ekis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Ekis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Ekis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1096</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Charles Elder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Charles Elder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Charles Elder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Charles Elder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Charles Elder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1097 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Charles Elder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Charles Elder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Charles Elder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Charles Elder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Charles Elder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1098</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Charles Elder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rebecca Eldridge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rebecca Eldridge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rebecca Eldridge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rebecca Eldridge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1099</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Rebecca Eldridge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rebecca Eldridge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rebecca Eldridge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rebecca Eldridge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rebecca Eldridge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1100 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Rebecca Eldridge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rebecca Eldridge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ishaq El-Hawwash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ishaq El-Hawwash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ishaq El-Hawwash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1101 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Ishaq El-Hawwash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ishaq El-Hawwash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ishaq El-Hawwash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ishaq El-Hawwash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ishaq El-Hawwash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1102 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Ishaq El-Hawwash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ishaq El-Hawwash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ishaq El-Hawwash San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Frederick Elliott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Frederick Elliott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1103</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Frederick Elliott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Frederick Elliott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Frederick Elliott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Frederick Elliott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Frederick Elliott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1104 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Frederick Elliott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Frederick Elliott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Frederick Elliott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Frederick Elliott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Derek Emery San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1105 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Derek Emery San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Derek Emery San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Derek Emery San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Derek Emery San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Derek Emery San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1106 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Derek Emery San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Derek Emery San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Derek Emery San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Derek Emery San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Derek Emery San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1107 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Corey Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Corey Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Corey Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Corey Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Corey Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1108</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Corey Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Corey Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Corey Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Corey Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Corey Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1109 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Corey Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Randall Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Randall Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Randall Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Randall Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1110</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Randall Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Randall Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Randall Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Randall Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Randall Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1111</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Randall Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Randall Emon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Patrick English San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Patrick English San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Patrick English San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1112</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Patrick English San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Patrick English San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Patrick English San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Patrick English San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Patrick English San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1113 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Patrick English San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Patrick English San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Patrick English San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Erickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Erickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1114</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Robert Erickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Erickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Erickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Erickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Erickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1115</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Robert Erickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Erickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Erickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Erickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Erwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1116 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Michael Erwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Erwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Erwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Erwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Erwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1117 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Michael Erwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Erwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Erwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Erwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Erwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1118</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Robert Escalera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Escalera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Escalera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Escalera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Escalera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1119</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Robert Escalera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Escalera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Escalera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Escalera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1120 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Robert Escalera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Reynaldo Escarzaga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Reynaldo Escarzaga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Reynaldo Escarzaga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Reynaldo Escarzaga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1121</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Reynaldo Escarzaga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Reynaldo Escarzaga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Reynaldo Escarzaga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Reynaldo Escarzaga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Reynaldo Escarzaga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1122 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Reynaldo Escarzaga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Reynaldo Escarzaga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gary Esmond San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gary Esmond San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gary Esmond San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1123</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Gary Esmond San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gary Esmond San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gary Esmond San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gary Esmond San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gary Esmond San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1124 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Gary Esmond San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gary Esmond San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gary Esmond San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Stephan Esparza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stephan Esparza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1125</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Stephan Esparza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Stephan Esparza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Stephan Esparza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Stephan Esparza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stephan Esparza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1126 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Stephan Esparza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Stephan Esparza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stephan Esparza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Stephan Esparza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Todd Espindola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1127 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Todd Espindola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Todd Espindola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Todd Espindola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Todd Espindola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Todd Espindola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1128</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Todd Espindola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Todd Espindola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Todd Espindola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Todd Espindola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Todd Espindola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1129</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jina Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jina Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jina Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jina Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jina Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1130</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Jina Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jina Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jina Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jina Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1131</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jina Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Philip Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Philip Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Philip Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Philip Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1132 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Philip Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Philip Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Philip Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Philip Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Philip Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1133 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Rene Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rene Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rene Espinosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1134</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1135 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1136 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1137</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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7/11/2017	Edgar Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1138 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1139</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1140 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1141 of 4281

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1142 of 4281

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1143</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/3/2017	Gabriela Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gabriela Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gabriela Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gabriela Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1144 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Gabriela Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Oscar Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Oscar Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Oscar Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1145</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Oscar Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Oscar Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Oscar Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1146</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Oscar Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Oscar Estrada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Itai Estrada Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/20/2017	Itai Estrada Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1147 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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10/17/2017	Itai Estrada Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1148</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/11/2017	Daniel Evans San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Evans San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1149 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1150 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	James Evans San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Evans San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Evans San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1151 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1152 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/11/2017	Sarai Michal Evans San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1153</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1154 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/31/2017	Sarai Michal Evans San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sarai Michal Evans San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sarai Michal Evans San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sarai Michal Evans San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Facio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1155 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	John Facio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Facio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Facio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Facio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Facio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1156 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	John Facio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Facio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Facio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Facio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Facio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1157</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Rudy Faile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rudy Faile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rudy Faile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1158 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Rudy Faile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rudy Faile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rudy Faile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rudy Faile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1159</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Rudy Faile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eid Fakhoury San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eid Fakhoury San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eid Fakhoury San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eid Fakhoury San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1160 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Eid Fakhoury San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eid Fakhoury San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eid Fakhoury San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eid Fakhoury San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1161</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Eid Fakhoury San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eid Fakhoury San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lawrence Falce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lawrence Falce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lawrence Falce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1162</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Lawrence Falce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lawrence Falce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lawrence Falce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lawrence Falce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1163 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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11/15/2017	Lawrence Falce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lawrence Falce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lawrence Falce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Roger Fansler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Roger Fansler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1164 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1165 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Roger Fansler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Roger Fansler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Quinn Fantini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1166 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Quinn Fantini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Quinn Fantini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Quinn Fantini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Quinn Fantini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Quinn Fantini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1167 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Quinn Fantini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Quinn Fantini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Quinn Fantini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Quinn Fantini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Quinn Fantini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1168</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Sean Fares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sean Fares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sean Fares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sean Fares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sean Fares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1169</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Sean Fares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sean Fares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sean Fares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sean Fares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sean Fares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1170 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Sean Fares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Farrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Farrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Farrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Farrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1171 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Richard Farrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Farrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Farrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Farrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Farrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1172 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Richard Farrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Farrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brent Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brent Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brent Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1173</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Brent Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brent Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brent Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brent Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brent Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1174</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Brent Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brent Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brent Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bryan Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Bryan Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1175</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Bryan Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Bryan Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Bryan Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Bryan Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Bryan Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1176 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Bryan Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Bryan Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Bryan Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bryan Faylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Douglas Feil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1177 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Douglas Feil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Douglas Feil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Douglas Feil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Douglas Feil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Douglas Feil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1178</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Douglas Feil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Douglas Feil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Douglas Feil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Douglas Feil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Douglas Feil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1179 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kevin Ferber San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kevin Ferber San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kevin Ferber San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kevin Ferber San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kevin Ferber San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1180 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kevin Ferber San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kevin Ferber San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kevin Ferber San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kevin Ferber San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kevin Ferber San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1181 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Kevin Ferber San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Deidra Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Deidra Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Deidra Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Deidra Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1182 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Deidra Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Deidra Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Deidra Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Deidra Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Deidra Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1183</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Deidra Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Deidra Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sarah Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sarah Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sarah Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1184</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Sarah Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sarah Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sarah Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sarah Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sarah Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1185 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Sarah Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sarah Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sarah Ferguson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alma Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alma Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1186</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Alma Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alma Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alma Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alma Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alma Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1187 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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10/31/2017	Alma Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alma Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alma Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alma Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Patricia Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1188 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Patricia Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Patricia Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Patricia Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Patricia Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Patricia Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1189</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Patricia Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Patricia Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Patricia Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Patricia Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Patricia Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1190</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Sharon Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sharon Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sharon Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sharon Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sharon Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1191 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Sharon Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sharon Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sharon Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sharon Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sharon Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1192 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Sharon Fernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Ferris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Ferris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Ferris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Ferris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1193</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	David Ferris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Ferris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Ferris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Ferris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Ferris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1194 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	David Ferris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Ferris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Zachary Fidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Zachary Fidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Zachary Fidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1195</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Zachary Fidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Zachary Fidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Zachary Fidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Zachary Fidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Zachary Fidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1196</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Zachary Fidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Zachary Fidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Zachary Fidler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Fierro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Fierro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1197</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	John Fierro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Fierro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Fierro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Fierro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Fierro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1198 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	John Fierro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Fierro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Fierro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Fierro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mickey Fierros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1199</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Mickey Fierros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mickey Fierros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mickey Fierros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mickey Fierros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mickey Fierros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1200</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Mickey Fierros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mickey Fierros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mickey Fierros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mickey Fierros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mickey Fierros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1201</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	William Fifita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	William Fifita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	William Fifita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	William Fifita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	William Fifita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1202</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	William Fifita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	William Fifita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	William Fifita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	William Fifita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	William Fifita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1203 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	William Fifita San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Fernando Figueroa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Fernando Figueroa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Fernando Figueroa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Fernando Figueroa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1204</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Fernando Figueroa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Fernando Figueroa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Fernando Figueroa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Fernando Figueroa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1205</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Fernando Figueroa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Fernando Figueroa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Deon Filer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Deon Filer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Deon Filer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1206 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Deon Filer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Deon Filer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Deon Filer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Deon Filer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1207</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Deon Filer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Deon Filer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Starsun Fincel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Starsun Fincel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1208</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Starsun Fincel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Starsun Fincel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Starsun Fincel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1209 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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11/15/2017	Starsun Fincel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Starsun Fincel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Starsun Fincel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Chadwick Finlen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1210 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/9/2017	Chadwick Finlen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Chadwick Finlen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Chadwick Finlen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Chadwick Finlen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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COM - Recipient Committee
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1211</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Chadwick Finlen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Chadwick Finlen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Chadwick Finlen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Chadwick Finlen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Chadwick Finlen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1212 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Marguerite Finneran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marguerite Finneran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Marguerite Finneran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Marguerite Finneran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Marguerite Finneran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1213</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Marguerite Finneran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Marguerite Finneran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Marguerite Finneran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Marguerite Finneran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1214</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Marguerite Finneran San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Fischer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Fischer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Fischer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Fischer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1215</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Jason Fischer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jason Fischer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason Fischer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Fischer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1216 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Jason Fischer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Fisher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Fisher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Fisher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1217</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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9/19/2017	Christopher Fisher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Fisher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Fisher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Fisher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1218 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Christopher Fisher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Fisher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Samuel Fisk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1219</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1220</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/15/2017	Samuel Fisk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Samuel Fisk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Samuel Fisk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Breana Fite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1221</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Breana Fite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Breana Fite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Breana Fite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1222</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Breana Fite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Breana Fite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Breana Fite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Breana Fite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Breana Fite San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1223 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Dennis Flagg-Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dennis Flagg-Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dennis Flagg-Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dennis Flagg-Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dennis Flagg-Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1224</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Dennis Flagg-Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dennis Flagg-Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dennis Flagg-Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dennis Flagg-Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dennis Flagg-Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1225 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Dennis Flagg-Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Peter Fliegner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Peter Fliegner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Peter Fliegner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Peter Fliegner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1226 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Peter Fliegner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Peter Fliegner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Peter Fliegner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Peter Fliegner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1227 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Peter Fliegner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Peter Fliegner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alfred Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alfred Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alfred Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1228 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Alfred Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alfred Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alfred Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1229</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Alfred Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alfred Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alfred Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Angelica Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Angelica Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1230 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Angelica Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Angelica Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1231 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Angelica Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Angelica Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Angelica Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Angelica Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Anthony Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1232</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/20/2017	Anthony Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Anthony Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Anthony Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Anthony Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Anthony Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1233 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Anthony Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Anthony Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Anthony Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Anthony Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Anthony Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1234</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Carlos Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Carlos Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Carlos Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Carlos Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Carlos Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1235</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Carlos Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Carlos Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Carlos Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Carlos Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1236</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Jonathan Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1237 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Jonathan Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1238 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Jonathan Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Miguel Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Miguel Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Miguel Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1239 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Miguel Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Miguel Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Miguel Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Miguel Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1240</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Miguel Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Miguel Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Miguel Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sarah Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sarah Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1241 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Sarah Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Sarah Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sarah Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1242</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/15/2017	Sarah Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sarah Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sarah Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tommie Flower San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1243</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1244</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/31/2017	Tommie Flower San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tommie Flower San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tommie Flower San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tommie Flower San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1245</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1246 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1247 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1248 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1249 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1250</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1251 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1252 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1253</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1254</u> of <u>4281</u> I.D. Number 1343640

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SCHEDULE A (CONT.)

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10/31/2017	Meagan Forsberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Meagan Forsberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Meagan Forsberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Meagan Forsberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1256</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Heather Forsythe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Heather Forsythe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Heather Forsythe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Heather Forsythe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Heather Forsythe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1257 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Heather Forsythe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Heather Forsythe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Heather Forsythe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Heather Forsythe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Heather Forsythe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1258 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Heather Forsythe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Fortier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Fortier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Fortier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Fortier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1259 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jason Fortier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason Fortier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jason Fortier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason Fortier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Fortier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1260 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jason Fortier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Fortier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Aaron Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Aaron Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Aaron Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1261 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Aaron Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Aaron Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Aaron Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Aaron Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Aaron Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1262</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Aaron Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Aaron Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Aaron Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dana Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dana Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1263</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Dana Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dana Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dana Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Dana Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dana Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1264 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Dana Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dana Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dana Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dana Foster San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dylan Foth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1265 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Dylan Foth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dylan Foth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Dylan Foth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1266 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Dylan Foth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dylan Foth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dylan Foth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1267</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Coby Fox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Coby Fox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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8/22/2017	Coby Fox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Coby Fox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1268</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Coby Fox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Coby Fox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1269</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Guyon Foxwell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1270 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/15/2017	Guyon Foxwell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1271</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Ayrton Foy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1272</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1273 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1274 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1275 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
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		Page <u>1276</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

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		Page <u>1277</u> of <u>4281</u>
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SCHEDULE A (CONT.)

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through <u>12/31/2017</u>		
		Page <u>1278</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Chad Foytik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Chad Foytik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Chad Foytik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Chad Foytik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Chad Foytik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1279</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Chad Foytik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Chad Foytik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Chad Foytik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Chad Foytik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Chad Foytik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1280 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Chad Foytik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1281 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Brian Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1282 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Brian Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1283</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	John Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1284</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	John Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1285</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Mark Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mark Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mark Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1286</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Mark Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Francis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Franco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1287 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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7/20/2017	Jonathan Franco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Franco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Franco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Franco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Franco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1288 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Jonathan Franco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Franco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Franco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Franco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1289 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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7/11/2017	David Franquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Franquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Franquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	David Franquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1290 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	David Franquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/31/2017	David Franquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Franquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Franquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1291</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	David Franquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Fratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Fratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1292 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	David Fratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Fratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Fratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Fratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1293 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	David Fratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Frayeh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Frayeh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Frayeh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1294 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	David Frayeh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Frayeh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Frayeh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Frayeh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Frayeh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1295 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	David Frayeh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Frayeh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Frayeh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Frey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Frey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1296</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jason Frey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Frey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jason Frey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason Frey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jason Frey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1297</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/15/2017	Jason Frey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Frey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Frey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Juan Frias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1298 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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8/9/2017	Juan Frias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1299 of 4281

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11/15/2017	Juan Frias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Juan Frias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Juan Frias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1300</u> of <u>4281</u> I.D. Number 1343640
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NAME OF FILER

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7/11/2017	Kevin Fries San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kevin Fries San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kevin Fries San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kevin Fries San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1301 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kevin Fries San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kevin Fries San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kevin Fries San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kevin Fries San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kevin Fries San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1302</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Kevin Fries San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nathan Fritz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Nathan Fritz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Nathan Fritz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Nathan Fritz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1303 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Nathan Fritz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Nathan Fritz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Nathan Fritz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Nathan Fritz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Nathan Fritz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1304</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Nathan Fritz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Nathan Fritz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Duane Fritzinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Duane Fritzinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Duane Fritzinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1305</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Duane Fritzinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Duane Fritzinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Duane Fritzinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Duane Fritzinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Duane Fritzinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1306 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Duane Fritzinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Duane Fritzinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Duane Fritzinger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Zulma Fuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Zulma Fuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1307</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Zulma Fuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Zulma Fuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Zulma Fuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Zulma Fuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Zulma Fuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1308</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Zulma Fuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Zulma Fuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Zulma Fuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Zulma Fuentes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Samuel Fuller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1309</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Samuel Fuller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Samuel Fuller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Samuel Fuller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Samuel Fuller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Samuel Fuller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1310 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Samuel Fuller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Samuel Fuller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Samuel Fuller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Samuel Fuller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Samuel Fuller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1311</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Daniel Futscher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Futscher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Futscher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daniel Futscher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Futscher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1312 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Daniel Futscher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Futscher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Futscher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Futscher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Futscher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1313</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Daniel Futscher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ronald Gaba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ronald Gaba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ronald Gaba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ronald Gaba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1314 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Ronald Gaba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ronald Gaba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ronald Gaba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ronald Gaba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ronald Gaba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1315</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Ronald Gaba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ronald Gaba San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Gaffney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Gaffney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Gaffney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1316</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	John Gaffney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Gaffney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Gaffney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Gaffney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Gaffney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1317</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	John Gaffney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Gaffney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Gaffney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Travis Gagne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Travis Gagne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1318</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Travis Gagne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Travis Gagne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Travis Gagne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Travis Gagne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Travis Gagne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1319 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Travis Gagne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Travis Gagne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Travis Gagne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Travis Gagne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Antonio Galban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1320 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Antonio Galban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Antonio Galban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Antonio Galban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Antonio Galban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Antonio Galban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1321 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Antonio Galban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Antonio Galban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Antonio Galban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Antonio Galban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Antonio Galban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1322</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jonathan Galindo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Galindo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Galindo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Galindo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Galindo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1323</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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10/3/2017	Jonathan Galindo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Galindo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Galindo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Galindo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Galindo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1324 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jonathan Galindo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kent Gallacher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kent Gallacher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kent Gallacher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kent Gallacher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1325 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Kent Gallacher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kent Gallacher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kent Gallacher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kent Gallacher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kent Gallacher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1326 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Kent Gallacher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kent Gallacher San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Valora Galloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Valora Galloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Valora Galloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1327 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Valora Galloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Valora Galloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Valora Galloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Valora Galloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Valora Galloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1328 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Valora Galloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Valora Galloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Valora Galloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Gapik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Gapik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1329</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Brian Gapik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Gapik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Gapik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Gapik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Gapik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1330</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Brian Gapik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Gapik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Gapik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Gapik San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Garay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1331 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Joseph Garay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Garay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joseph Garay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joseph Garay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joseph Garay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1332</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Joseph Garay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Garay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joseph Garay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Garay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Garay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1333</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Adrian Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Adrian Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Adrian Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Adrian Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Adrian Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1334</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Adrian Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Adrian Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Adrian Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Adrian Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Adrian Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1335</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Adrian Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alecia Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alecia Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alecia Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alecia Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1336</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Alecia Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alecia Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alecia Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alecia Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alecia Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1337</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Alecia Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alecia Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Andrew Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Andrew Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Andrew Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1338 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Andrew Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Andrew Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Andrew Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1339</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Andrew Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Andrew Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1340</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1341 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1342</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1343 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1344 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Joela Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joela Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1345</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1346</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Joela Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kristen Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kristen Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kristen Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kristen Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1347</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Kristen Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kristen Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kristen Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kristen Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kristen Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1348</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Kristen Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kristen Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marc Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/20/2017	Marc Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/9/2017	Marc Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1349 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Marc Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
9/19/2017	Marc Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/3/2017	Marc Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/17/2017	Marc Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/31/2017	Marc Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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(other than PTY or SCC)
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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1350</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Marc Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/28/2017	Marc Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
12/12/2017	Marc Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	Mary Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mary Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1351</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Mary Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mary Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mary Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mary Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mary Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1352</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Mary Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mary Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mary Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mary Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Paul Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1353</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Paul Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Paul Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Paul Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Paul Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Paul Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1354 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Paul Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Paul Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Paul Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paul Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1355</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Rene Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rene Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rene Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rene Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rene Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1356</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Rene Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rene Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rene Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rene Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rene Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1357 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Rene Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ricardo Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ricardo Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ricardo Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ricardo Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1358</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Ricardo Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ricardo Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ricardo Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ricardo Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ricardo Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1359 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Ricardo Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ricardo Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1360</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Richard Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Richard Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1361</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Richard Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Richard Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sarah Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sarah Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1362 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Sarah Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sarah Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sarah Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sarah Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sarah Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1363 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Sarah Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sarah Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sarah Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sarah Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Stephanie Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

***Contributor Codes**

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1364 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Stephanie Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Stephanie Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Stephanie Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Stephanie Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Stephanie Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1365 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Stephanie Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Stephanie Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Stephanie Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stephanie Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Stephanie Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1366 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Tammy Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tammy Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tammy Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Tammy Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tammy Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1367 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Tammy Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tammy Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tammy Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tammy Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tammy Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1368 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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12/12/2017	Tammy Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Yesmin Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Yesmin Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Yesmin Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Yesmin Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1369</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Yesmin Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Yesmin Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Yesmin Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Yesmin Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Yesmin Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1370 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Yesmin Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Yesmin Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Jose Garcia Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jose Garcia Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jose Garcia Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1371</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jose Garcia Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jose Garcia Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jose Garcia Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jose Garcia Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jose Garcia Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1372 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jose Garcia Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jose Garcia Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jose Garcia Chavez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gustavo Garcia-Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gustavo Garcia-Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1373</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Gustavo Garcia-Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gustavo Garcia-Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gustavo Garcia-Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gustavo Garcia-Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gustavo Garcia-Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1374</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Gustavo Garcia-Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gustavo Garcia-Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gustavo Garcia-Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gustavo Garcia-Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Gardea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1375 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Michael Gardea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Gardea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Gardea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Gardea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Gardea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1376 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Michael Gardea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Gardea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Gardea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Gardea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Gardea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1377</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Baden Gardner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Baden Gardner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Baden Gardner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Baden Gardner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Baden Gardner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1378 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Baden Gardner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Baden Gardner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Baden Gardner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Baden Gardner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Baden Gardner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1379</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Baden Gardner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sherman Garnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sherman Garnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sherman Garnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sherman Garnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1380</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Sherman Garnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sherman Garnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sherman Garnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sherman Garnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sherman Garnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1381 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Sherman Garnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sherman Garnett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Khara Garnett-Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Khara Garnett-Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Khara Garnett-Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1382</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Khara Garnett-Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Khara Garnett-Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Khara Garnett-Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Khara Garnett-Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Khara Garnett-Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1383</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Khara Garnett-Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Khara Garnett-Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Khara Garnett-Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Derek Garvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Derek Garvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1384</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Derek Garvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Derek Garvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Derek Garvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Derek Garvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Derek Garvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1385 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Derek Garvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Derek Garvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Derek Garvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Derek Garvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gregory Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1386</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Gregory Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gregory Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gregory Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gregory Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gregory Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1387 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Gregory Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gregory Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gregory Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gregory Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gregory Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1388</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Thomas Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Thomas Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Thomas Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Thomas Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Thomas Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1389 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Thomas Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Thomas Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Thomas Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Thomas Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Thomas Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1390</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Thomas Gary San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Maria Gascon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Maria Gascon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Maria Gascon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Maria Gascon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1391</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Maria Gascon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Maria Gascon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Maria Gascon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Maria Gascon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Maria Gascon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1392 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Maria Gascon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Maria Gascon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Diana Gaspar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Diana Gaspar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Diana Gaspar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1393 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Diana Gaspar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Diana Gaspar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Diana Gaspar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Diana Gaspar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Diana Gaspar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1394 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Diana Gaspar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Diana Gaspar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Diana Gaspar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Gasway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Gasway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1395 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Michael Gasway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Gasway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Gasway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Gasway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1396 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Gasway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Gasway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Gasway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Gasway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Thomas Gates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1397</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/9/2017	Thomas Gates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Thomas Gates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Thomas Gates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1398 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Thomas Gates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Thomas Gates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Thomas Gates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1399</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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7/11/2017	Desirie Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Desirie Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1400</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/31/2017	Desirie Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Desirie Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Desirie Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1401</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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12/12/2017	Desirie Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jacob Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jacob Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1402</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jacob Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jacob Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jacob Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jacob Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jacob Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1403</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jacob Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jacob Gault San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lucas Gaytan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lucas Gaytan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lucas Gaytan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1404</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Lucas Gaytan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lucas Gaytan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lucas Gaytan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lucas Gaytan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lucas Gaytan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1405 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Lucas Gaytan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lucas Gaytan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lucas Gaytan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Angela Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/20/2017	Angela Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1406 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Angela Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/22/2017	Angela Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
9/19/2017	Angela Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/3/2017	Angela Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/17/2017	Angela Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1407 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Angela Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/15/2017	Angela Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/28/2017	Angela Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
12/12/2017	Angela Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	Peter Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1408 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Peter Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Peter Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Peter Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Peter Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Peter Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1409</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Peter Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Peter Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Peter Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Peter Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Peter Gentry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1410</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Randy German San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Randy German San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Randy German San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Randy German San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Randy German San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1411 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Randy German San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Randy German San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Randy German San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Randy German San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Randy German San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1412</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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12/12/2017	Randy German San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gregg Gerth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gregg Gerth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gregg Gerth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gregg Gerth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1413</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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9/19/2017	Gregg Gerth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gregg Gerth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gregg Gerth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gregg Gerth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gregg Gerth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1414 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Gregg Gerth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gregg Gerth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eric Getts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Getts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Getts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1415</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Eric Getts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Getts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eric Getts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Getts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Getts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1416</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Eric Getts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Getts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eric Getts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	William Gibbons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	William Gibbons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1417 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	William Gibbons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	William Gibbons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	William Gibbons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	William Gibbons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	William Gibbons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1418</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	William Gibbons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	William Gibbons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	William Gibbons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	William Gibbons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Angelo Gibilterra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1419</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Angelo Gibilterra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Angelo Gibilterra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Angelo Gibilterra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Angelo Gibilterra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Angelo Gibilterra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1420</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Angelo Gibilterra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Angelo Gibilterra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Angelo Gibilterra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Angelo Gibilterra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Angelo Gibilterra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1421</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	John Gice San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Gice San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Gice San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Gice San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Gice San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1422 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	John Gice San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Gice San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Gice San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Gice San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1423</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	John Gice San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Gidcumb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steven Gidcumb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Steven Gidcumb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Steven Gidcumb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1424</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Steven Gidcumb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steven Gidcumb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steven Gidcumb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Steven Gidcumb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Steven Gidcumb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1425</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Steven Gidcumb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steven Gidcumb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Edith Gil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Edith Gil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Edith Gil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1426</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Edith Gil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Edith Gil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1427 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1428</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Jose Gil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/17/2017	Jose Gil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1429 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Jose Gil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jose Gil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jose Gil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joshua Gile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1430</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Joshua Gile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joshua Gile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joshua Gile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joshua Gile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joshua Gile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1431</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Joshua Gile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joshua Gile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joshua Gile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joshua Gile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joshua Gile San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1432</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Justin Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Justin Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Justin Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Justin Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Justin Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1433</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/17/2017	Justin Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Justin Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Justin Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Justin Giles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1434</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Michele Gillard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michele Gillard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michele Gillard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1435</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/3/2017	Michele Gillard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michele Gillard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michele Gillard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michele Gillard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1436 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Michele Gillard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michele Gillard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Gilley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Gilley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Gilley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1437</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Michael Gilley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Gilley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Gilley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Gilley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Gilley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1438</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Michael Gilley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Gilley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Gilley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Darren Gilmore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Darren Gilmore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1439</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Darren Gilmore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Darren Gilmore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Darren Gilmore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Darren Gilmore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Darren Gilmore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1440</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Darren Gilmore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Darren Gilmore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Darren Gilmore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Darren Gilmore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Allen Girard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1441 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Allen Girard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Allen Girard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Allen Girard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Allen Girard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Allen Girard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1442</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Allen Girard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Allen Girard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Allen Girard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Allen Girard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Allen Girard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1443</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kyle Glozer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kyle Glozer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kyle Glozer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kyle Glozer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kyle Glozer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1444 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kyle Glozer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kyle Glozer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kyle Glozer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kyle Glozer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kyle Glozer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1445</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Kyle Glozer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ronald Goble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ronald Goble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ronald Goble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ronald Goble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1446</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Ronald Goble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ronald Goble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ronald Goble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ronald Goble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ronald Goble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1447 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Ronald Goble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ronald Goble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ronald Goddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ronald Goddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ronald Goddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1448</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Ronald Goddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ronald Goddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ronald Goddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ronald Goddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1449</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Ronald Goddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ronald Goddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Oscar Godoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1450</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Oscar Godoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1451 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Oscar Godoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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7/11/2017	Russel Goines San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1452</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Russel Goines San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1453</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Russel Goines San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Russel Goines San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Russel Goines San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1454</u> of <u>4281</u>
		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/20/2017	Ian Golditch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1455 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Ian Golditch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ian Golditch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1456</u> of <u>4281</u>		I.D. Number 1343640

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7/11/2017	Alex Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1457 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
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Page <u>1458</u> of <u>4281</u>		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Alex Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alex Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1459</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Brad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1460</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Brad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Chad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Chad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1461</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Chad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Chad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Chad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Chad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Chad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1462 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Chad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Chad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Chad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Chad Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Elizabeth Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1463</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Elizabeth Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Elizabeth Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Elizabeth Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Elizabeth Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Elizabeth Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1464</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Elizabeth Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Elizabeth Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Elizabeth Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Elizabeth Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Elizabeth Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1465 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Oskar Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Oskar Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Oskar Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Oskar Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Oskar Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1466</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Oskar Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Oskar Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Oskar Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Oskar Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Oskar Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1467</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Oskar Gomez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mireya Gonzales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mireya Gonzales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mireya Gonzales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mireya Gonzales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1468</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Mireya Gonzales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mireya Gonzales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mireya Gonzales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mireya Gonzales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mireya Gonzales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1469 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Mireya Gonzales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mireya Gonzales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Arnulfo Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Arnulfo Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Arnulfo Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1470</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Arnulfo Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Arnulfo Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Arnulfo Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Arnulfo Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Arnulfo Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1471</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Arnulfo Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Arnulfo Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Arnulfo Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eric Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1472</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Eric Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eric Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eric Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1473 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Eric Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eric Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Freddy Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1474</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Freddy Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Freddy Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Freddy Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Freddy Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Freddy Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1475 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Freddy Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Freddy Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Freddy Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Freddy Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Freddy Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1476</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jessica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jessica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jessica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jessica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jessica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1477</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jessica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jessica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jessica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jessica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jessica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1478</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jessica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jose Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jose Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jose Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jose Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1479</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jose Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jose Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jose Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jose Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jose Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1480 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jose Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jose Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Liliana Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Liliana Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Liliana Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1481</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Liliana Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Liliana Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Liliana Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Liliana Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Liliana Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1482 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Liliana Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Liliana Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Liliana Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Raul Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Raul Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1483</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Raul Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Raul Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Raul Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Raul Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Raul Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1484</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Raul Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Raul Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Raul Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Raul Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Veronica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1485</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Veronica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Veronica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Veronica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Veronica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Veronica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1486 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Veronica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Veronica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Veronica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Veronica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Veronica Gonzalez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1487 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Garth Goodell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Garth Goodell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Garth Goodell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Garth Goodell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Garth Goodell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1488</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Garth Goodell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Garth Goodell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Garth Goodell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Garth Goodell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Garth Goodell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1489 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Garth Goodell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Darren Goodman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Darren Goodman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Darren Goodman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Darren Goodman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1490 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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9/19/2017	Darren Goodman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Darren Goodman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Darren Goodman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Darren Goodman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Darren Goodman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1491 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Darren Goodman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Darren Goodman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Phillip Goodrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Phillip Goodrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Phillip Goodrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1492</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Phillip Goodrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Phillip Goodrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Phillip Goodrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Phillip Goodrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Phillip Goodrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1493</u> of <u>4281</u>		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/15/2017	Phillip Goodrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Phillip Goodrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Phillip Goodrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marc Goodwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marc Goodwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1494</u> of <u>4281</u>
		I.D. Number 1343640

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San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/3/2017	Marc Goodwin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1495</u> of <u>4281</u>		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/11/2017	Raymond Gorajewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1496</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1497</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1498 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1499</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1500 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1501 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

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through <u>12/31/2017</u>		
		Page <u>1502</u> of <u>4281</u>
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SCHEDULE A (CONT.)

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from	07/01/2017	
through	12/31/2017	Page 1503 of 4281

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8/22/2017	Mavial Gordon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mavial Gordon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mavial Gordon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mavial Gordon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mavial Gordon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1504 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Mavial Gordon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Erdem Gorgulu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Erdem Gorgulu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1505 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Erdem Gorgulu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Erdem Gorgulu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Erdem Gorgulu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1506 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/28/2017	Erdem Gorgulu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Erdem Gorgulu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dylan Gosswiller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1507 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1508 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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11/15/2017	Dylan Gosswiller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dylan Gosswiller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1509</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1510 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1511</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Dana Gould San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Dana Gould San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1512</u> of <u>4281</u>
		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1513 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/11/2017	Scott Gould San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1514</u> of <u>4281</u>
		I.D. Number 1343640

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10/17/2017	Scott Gould San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Scott Gould San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Scott Gould San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1515 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Scott Gould San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Scott Gould San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eduardo Govea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eduardo Govea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eduardo Govea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1516</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Eduardo Govea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eduardo Govea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eduardo Govea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eduardo Govea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eduardo Govea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1517 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Eduardo Govea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eduardo Govea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eduardo Govea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jorge Gracia-Medrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jorge Gracia-Medrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1518 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jorge Gracia-Medrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jorge Gracia-Medrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jorge Gracia-Medrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jorge Gracia-Medrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jorge Gracia-Medrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1519 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jorge Gracia-Medrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jorge Gracia-Medrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jorge Gracia-Medrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jorge Gracia-Medrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jacob Graham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1520 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jacob Graham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jacob Graham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jacob Graham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jacob Graham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jacob Graham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1521</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Jacob Graham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jacob Graham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jacob Graham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jacob Graham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1522</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Erick Grantley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Erick Grantley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Erick Grantley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Erick Grantley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Erick Grantley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1523 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Erick Grantley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Erick Grantley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Erick Grantley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Erick Grantley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1524</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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12/12/2017	Erick Grantley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1525</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/3/2017	Jonathan Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1526 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jonathan Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Melvin Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Melvin Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Melvin Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1527 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Melvin Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Melvin Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Melvin Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Melvin Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Melvin Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1528</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Melvin Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Melvin Gray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Mark Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mark Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1529</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Mark Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mark Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mark Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1530 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Mark Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1531 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Richard Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Richard Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1532</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Richard Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Richard Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Timothy Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1533</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Timothy Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Timothy Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Timothy Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Timothy Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Timothy Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1534</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Timothy Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Timothy Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Timothy Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Timothy Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Timothy Green San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1535</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Wayne Greer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Wayne Greer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1536</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Wayne Greer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Wayne Greer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Wayne Greer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Wayne Greer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1537 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Wayne Greer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Gregory San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Gregory San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Gregory San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Gregory San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1538 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	John Gregory San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Gregory San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Gregory San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Gregory San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Gregory San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1539</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	John Gregory San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Gregory San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Derrick Griego San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Derrick Griego San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Derrick Griego San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1540 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Derrick Griego San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Derrick Griego San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Derrick Griego San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Derrick Griego San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Derrick Griego San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1541 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Derrick Griego San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Derrick Griego San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Derrick Griego San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Aaron Griffin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Aaron Griffin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1542</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Aaron Griffin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Aaron Griffin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Aaron Griffin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Aaron Griffin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Aaron Griffin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1543 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Aaron Griffin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Aaron Griffin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Aaron Griffin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Aaron Griffin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1544 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1545</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1546 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1547</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1548 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Matthew Griffith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Emily Grimes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Emily Grimes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Emily Grimes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Emily Grimes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1549</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Emily Grimes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Emily Grimes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Emily Grimes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Emily Grimes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Emily Grimes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1550 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Emily Grimes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Emily Grimes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Grimm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Grimm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Grimm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1551</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Brian Grimm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Grimm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Grimm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Grimm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Grimm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1552 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Brian Grimm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Grimm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Grimm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Adam Griswold San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Adam Griswold San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1553 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Adam Griswold San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Adam Griswold San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Adam Griswold San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Adam Griswold San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Adam Griswold San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1554 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Adam Griswold San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Adam Griswold San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Adam Griswold San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Adam Griswold San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Charles Gross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1555 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Charles Gross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Charles Gross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Charles Gross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Charles Gross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Charles Gross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1556 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Charles Gross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Charles Gross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Charles Gross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Charles Gross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Charles Gross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1557</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Anthony Grossi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Anthony Grossi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Anthony Grossi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Anthony Grossi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Anthony Grossi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1558</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Anthony Grossi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Anthony Grossi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Anthony Grossi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Anthony Grossi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Anthony Grossi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1559 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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12/12/2017	Anthony Grossi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alexandra Gudenau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alexandra Gudenau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alexandra Gudenau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alexandra Gudenau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1560 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Alexandra Gudenau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alexandra Gudenau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alexandra Gudenau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alexandra Gudenau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alexandra Gudenau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1561 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Alexandra Gudenau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alexandra Gudenau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lisa Guerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lisa Guerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lisa Guerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1562 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Lisa Guerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lisa Guerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lisa Guerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lisa Guerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1563 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Lisa Guerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lisa Guerra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Angel Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Angel Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1564</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Angel Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Angel Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Angel Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Angel Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1565 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Angel Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Angel Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Angel Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Angel Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Maria Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1566 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/9/2017	Maria Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Maria Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Maria Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Maria Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1567 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Maria Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Maria Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Maria Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Maria Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1568</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Sergio Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sergio Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sergio Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sergio Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1569</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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11/28/2017	Sergio Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1570 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/11/2017	Josh Guerry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1571 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Josh Guerry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Josh Guerry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Josh Guerry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Josh Guerry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Josh Guerry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1572</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Josh Guerry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Josh Guerry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Louis Guevara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Louis Guevara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Louis Guevara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1573</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Louis Guevara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Louis Guevara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Louis Guevara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Louis Guevara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Louis Guevara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1574 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Louis Guevara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Louis Guevara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Louis Guevara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Raymond Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Raymond Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1575 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Raymond Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Raymond Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Raymond Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Raymond Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Raymond Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1576 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Raymond Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Raymond Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Raymond Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Raymond Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1577 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Robert Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1578 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Robert Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Guillen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1579 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Javier Gutierrez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Javier Gutierrez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Javier Gutierrez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Javier Gutierrez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Javier Gutierrez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1580 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Javier Gutierrez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Javier Gutierrez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Javier Gutierrez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Javier Gutierrez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Javier Gutierrez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1581 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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12/12/2017	Javier Gutierrez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jesse Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jesse Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jesse Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jesse Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1582</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jesse Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jesse Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jesse Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jesse Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jesse Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1583 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jesse Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jesse Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jose Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jose Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jose Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1584 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jose Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jose Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jose Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jose Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jose Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1585 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jose Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jose Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jose Guzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Glenn Gwaltney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Glenn Gwaltney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1586</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Glenn Gwaltney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Glenn Gwaltney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Glenn Gwaltney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Glenn Gwaltney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Glenn Gwaltney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1587 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Glenn Gwaltney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Glenn Gwaltney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Glenn Gwaltney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Glenn Gwaltney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Haas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1588</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Christopher Haas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Haas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Haas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Haas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Haas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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 PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1589 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Christopher Haas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Haas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Haas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Haas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Haas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1590 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Matthew Habell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew Habell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Habell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Matthew Habell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew Habell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1591 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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10/17/2017	Matthew Habell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Matthew Habell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Matthew Habell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Habell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1592</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Matthew Habell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jacqueline Hadorn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jacqueline Hadorn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jacqueline Hadorn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jacqueline Hadorn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1593 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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9/19/2017	Jacqueline Hadorn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jacqueline Hadorn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jacqueline Hadorn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jacqueline Hadorn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jacqueline Hadorn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1594 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jacqueline Hadorn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jacqueline Hadorn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Hagen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Hagen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Hagen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1595 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Richard Hagen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Richard Hagen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Hagen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Hagen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Hagen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1596 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Richard Hagen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Richard Hagen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Hagen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Hagthorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	John Hagthorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1597</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	John Hagthorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	John Hagthorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	John Hagthorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	John Hagthorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	John Hagthorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1598</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	John Hagthorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	John Hagthorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	John Hagthorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	John Hagthorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Andrey Hahalkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1599</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Andrey Hahalkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Andrey Hahalkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Andrey Hahalkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Andrey Hahalkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Andrey Hahalkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1600</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Andrey Hahalkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Andrey Hahalkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Andrey Hahalkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Andrey Hahalkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Andrey Hahalkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1601 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Corey Hall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Corey Hall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Corey Hall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Corey Hall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Corey Hall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1602 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Corey Hall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Corey Hall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Corey Hall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Corey Hall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Corey Hall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1603 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Corey Hall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Aaron Halloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Aaron Halloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Aaron Halloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Aaron Halloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1604</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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9/19/2017	Aaron Halloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Aaron Halloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Aaron Halloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Aaron Halloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Aaron Halloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1605 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Aaron Halloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Aaron Halloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Janet Halterman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Janet Halterman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Janet Halterman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1606</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Janet Halterman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Janet Halterman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Janet Halterman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Janet Halterman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Janet Halterman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1607 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Janet Halterman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Janet Halterman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Janet Halterman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ameer Hamdan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ameer Hamdan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1608</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Ameer Hamdan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ameer Hamdan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ameer Hamdan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ameer Hamdan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ameer Hamdan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1609</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ameer Hamdan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ameer Hamdan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ameer Hamdan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ameer Hamdan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jennifer Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1610</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jennifer Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jennifer Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jennifer Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jennifer Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jennifer Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1611 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jennifer Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jennifer Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jennifer Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jennifer Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jennifer Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1612</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Scott Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Scott Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Scott Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Scott Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Scott Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1613</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Scott Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Scott Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Scott Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Scott Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1614 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

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12/12/2017	Scott Hamilton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Hancock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Hancock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Hancock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Hancock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1615</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Christopher Hancock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Hancock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Hancock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Hancock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1616</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Christopher Hancock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Hancock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Handshy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steven Handshy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Steven Handshy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1617</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Steven Handshy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Steven Handshy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steven Handshy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steven Handshy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Steven Handshy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1618</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Steven Handshy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Steven Handshy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steven Handshy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Randall Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Randall Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1619 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Randall Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Randall Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Randall Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Randall Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Randall Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1620 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Randall Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Randall Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Randall Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Randall Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1621</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Robert Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1622 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Robert Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Hansen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1623</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Ruth Hansen-Kapla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ruth Hansen-Kapla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ruth Hansen-Kapla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ruth Hansen-Kapla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ruth Hansen-Kapla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1624 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Ruth Hansen-Kapla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ruth Hansen-Kapla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ruth Hansen-Kapla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ruth Hansen-Kapla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ruth Hansen-Kapla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1625 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Ruth Hansen-Kapla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jenny Haprpri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jenny Haprpri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jenny Haprpri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jenny Haprpri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1626</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jenny Haprpri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jenny Haprpri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jenny Haprpri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jenny Haprpri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jenny Haprpri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1627 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jenny Haprpri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jenny Haprpri San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Harbottle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steven Harbottle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Steven Harbottle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1628</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Steven Harbottle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Steven Harbottle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steven Harbottle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steven Harbottle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Steven Harbottle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1629 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Steven Harbottle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Steven Harbottle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steven Harbottle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Franklin Hardin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Franklin Hardin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1630 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Franklin Hardin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Franklin Hardin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Franklin Hardin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Franklin Hardin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Franklin Hardin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1631</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Franklin Hardin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Franklin Hardin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Franklin Hardin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Franklin Hardin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Harding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1632 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	David Harding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Harding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Harding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Harding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Harding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1633</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	David Harding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Harding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Harding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Harding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Harding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1634</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Robert Harm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Harm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Harm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Harm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Harm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1635 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Robert Harm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Harm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Harm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Harm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Harm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1636 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Robert Harm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Clarence Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Clarence Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Clarence Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Clarence Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1637 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Clarence Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Clarence Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Clarence Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Clarence Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Clarence Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1638 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Clarence Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Clarence Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Craig Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Craig Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Craig Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1639</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Craig Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Craig Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Craig Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Craig Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Craig Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1640 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Craig Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Craig Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Craig Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Frank Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Frank Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1641 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Frank Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Frank Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Frank Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Frank Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Frank Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1642</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Frank Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Frank Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Frank Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Frank Harris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1643 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Joseph Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joseph Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joseph Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joseph Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1644 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Joseph Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joseph Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1645 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Melissa Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Melissa Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Melissa Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Melissa Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Melissa Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1646 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Melissa Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Melissa Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Melissa Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Melissa Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Melissa Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1647</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Melissa Harrison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Harrod San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Harrod San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mark Harrod San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mark Harrod San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1648 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Mark Harrod San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Harrod San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Harrod San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mark Harrod San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Harrod San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1649 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Mark Harrod San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Harrod San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gary Hart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gary Hart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gary Hart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1650 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Gary Hart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gary Hart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gary Hart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gary Hart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gary Hart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1651 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Gary Hart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gary Hart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gary Hart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Claus Hartleben San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Claus Hartleben San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1652</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Claus Hartleben San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Claus Hartleben San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Claus Hartleben San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Claus Hartleben San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Claus Hartleben San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1653</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Claus Hartleben San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Claus Hartleben San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Claus Hartleben San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Claus Hartleben San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alexander Harvey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1654 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Alexander Harvey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alexander Harvey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alexander Harvey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alexander Harvey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alexander Harvey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1655 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Alexander Harvey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alexander Harvey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alexander Harvey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alexander Harvey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1656</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Earl Haselrig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Earl Haselrig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Earl Haselrig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Earl Haselrig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Earl Haselrig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1657 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Earl Haselrig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Earl Haselrig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Earl Haselrig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Earl Haselrig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Earl Haselrig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1658</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Earl Haselrig San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Havens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Havens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Havens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Havens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1659 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Michael Havens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Havens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Havens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Havens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1660 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Michael Havens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Havens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Hayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Hayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Hayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1661 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	John Hayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Hayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Hayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Hayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Hayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1662 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	John Hayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Hayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Hayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brett Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brett Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1663</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Brett Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brett Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brett Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brett Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brett Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1664</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Brett Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brett Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brett Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brett Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1665 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	James Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	James Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	James Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	James Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1666</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	James Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	James Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	James Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	James Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James Haynes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1667</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Ryan Hazard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Hazard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ryan Hazard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ryan Hazard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ryan Hazard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1668</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Ryan Hazard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ryan Hazard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ryan Hazard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ryan Hazard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Hazard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1669</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Barry Hazelett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Barry Hazelett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Barry Hazelett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Barry Hazelett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1670 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Barry Hazelett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Barry Hazelett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Barry Hazelett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Barry Hazelett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1671</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Barry Hazelett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Barry Hazelett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Hazell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Hazell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Hazell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1672</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Robert Hazell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Hazell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Hazell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Hazell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Hazell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1673</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Robert Hazell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Hazell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Hazell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Headley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Headley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1674</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Brian Headley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Headley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Headley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Headley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Headley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1675 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Brian Headley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Headley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Headley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Headley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Suzanne Healy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1676 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Suzanne Healy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Suzanne Healy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Suzanne Healy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Suzanne Healy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Suzanne Healy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1677 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Suzanne Healy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Suzanne Healy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Suzanne Healy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Suzanne Healy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Suzanne Healy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1678 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Thomas Hedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Thomas Hedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Thomas Hedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Thomas Hedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Thomas Hedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1679 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Thomas Hedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Thomas Hedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Thomas Hedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Thomas Hedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Thomas Hedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1680 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Thomas Hedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Heeney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Heeney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Heeney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Heeney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1681 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jonathan Heeney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Heeney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Heeney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Heeney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Heeney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1682 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jonathan Heeney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Heeney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Janine Hefflin Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Janine Hefflin Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Janine Hefflin Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1683</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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8/22/2017	Janine Hefflin Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Janine Hefflin Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Janine Hefflin Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Janine Hefflin Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Janine Hefflin Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1684 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Janine Hefflin Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Janine Hefflin Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Janine Hefflin Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Heather Hegle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Heather Hegle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1685 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Heather Hegle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Heather Hegle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Heather Hegle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Heather Hegle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Heather Hegle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1686 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Heather Hegle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Heather Hegle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Heather Hegle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Heather Hegle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Zachary Heiner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1687</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Zachary Heiner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Zachary Heiner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Zachary Heiner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Zachary Heiner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Zachary Heiner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1688 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Zachary Heiner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Zachary Heiner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Zachary Heiner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Zachary Heiner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Zachary Heiner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1689</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Eric Heinz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Heinz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Heinz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eric Heinz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Heinz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1690 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Eric Heinz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Heinz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Heinz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Heinz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Heinz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1691</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Eric Heinz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Helmick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Helmick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Helmick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daniel Helmick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1692 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Daniel Helmick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Helmick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Helmick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Helmick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Helmick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1693</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Daniel Helmick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Helmick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jaren Henderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jaren Henderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jaren Henderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1694 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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8/22/2017	Jaren Henderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jaren Henderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jaren Henderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jaren Henderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jaren Henderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1695 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jaren Henderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jaren Henderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jaren Henderson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dalton Hendrickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dalton Hendrickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1696 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Dalton Hendrickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dalton Hendrickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dalton Hendrickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Dalton Hendrickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dalton Hendrickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1697</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Dalton Hendrickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dalton Hendrickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dalton Hendrickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dalton Hendrickson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Hendrix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1698</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jason Hendrix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Hendrix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Hendrix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jason Hendrix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason Hendrix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1699</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Jason Hendrix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Hendrix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Hendrix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Hendrix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1700</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Katlyn Henningsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Katlyn Henningsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Katlyn Henningsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Katlyn Henningsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Katlyn Henningsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1701</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Katlyn Henningsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Katlyn Henningsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Katlyn Henningsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Katlyn Henningsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1702 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Katlyn Henningsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Benjamin Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Benjamin Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Benjamin Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Benjamin Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1703 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Benjamin Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Benjamin Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Benjamin Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Benjamin Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1704 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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11/28/2017	Benjamin Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Benjamin Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeffrey Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1705 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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10/17/2017	Jeffrey Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeffrey Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1706</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/15/2017	Jeffrey Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeffrey Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeffrey Henry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Chris Hensman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Chris Hensman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1707</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Chris Hensman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Chris Hensman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Chris Hensman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Chris Hensman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Chris Hensman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1708</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Chris Hensman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Chris Hensman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Chris Hensman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Chris Hensman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Blake Henson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1709 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Blake Henson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Blake Henson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Blake Henson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Blake Henson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Blake Henson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1710 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Blake Henson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Blake Henson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Blake Henson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Blake Henson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Blake Henson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1711</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	David Herbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Herbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Herbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Herbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Herbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1712 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	David Herbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Herbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Herbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Herbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Herbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1713</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	David Herbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alejandro Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alejandro Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alejandro Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alejandro Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1714</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Alejandro Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alejandro Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alejandro Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alejandro Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alejandro Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1715 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Alejandro Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alejandro Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1716 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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8/22/2017	Daniel Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1717</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Daniel Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Edward Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Edward Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1718 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Edward Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Edward Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Edward Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Edward Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Edward Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1719 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Edward Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Edward Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Edward Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Edward Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Federico Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1720 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Federico Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Federico Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Federico Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Federico Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Federico Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1721 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Federico Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Federico Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Federico Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Federico Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Federico Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1722 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Fernando Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Fernando Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Fernando Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Fernando Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Fernando Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1723 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Fernando Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Fernando Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Fernando Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Fernando Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Fernando Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1724</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Fernando Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jacob Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jacob Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jacob Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jacob Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1725 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jacob Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jacob Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jacob Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jacob Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jacob Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1726</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jacob Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jacob Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joe Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joe Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joe Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1727 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Joe Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joe Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joe Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joe Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joe Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1728 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Joe Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joe Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joe Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ronald Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ronald Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1729</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Ronald Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ronald Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ronald Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ronald Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ronald Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1730 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ronald Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ronald Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ronald Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ronald Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ruben Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1731 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Ruben Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ruben Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ruben Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ruben Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ruben Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1732 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Ruben Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ruben Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ruben Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ruben Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1733 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Ryan Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ryan Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Ryan Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1734 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Ryan Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ryan Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ryan Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1735 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Ryan Hernandez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Efrain Herrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Efrain Herrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Efrain Herrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Efrain Herrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1736</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Efrain Herrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Efrain Herrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Efrain Herrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Efrain Herrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1737 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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12/12/2017	Efrain Herrera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lance Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lance Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lance Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1738</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/31/2017	Lance Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1739 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/28/2017	Lance Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lance Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1740 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/22/2017	Mark Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mark Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1741 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Mark Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mary Jean Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1742</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Mary Jean Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mary Jean Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mary Jean Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mary Jean Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mary Jean Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1743</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Mary Jean Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mary Jean Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mary Jean Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mary Jean Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mary Jean Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1744</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Patrick Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Patrick Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Patrick Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Patrick Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Patrick Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1745</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Patrick Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Patrick Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Patrick Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Patrick Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Patrick Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1746 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Patrick Higgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Antonio Higuera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Antonio Higuera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Antonio Higuera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Antonio Higuera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1747</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Antonio Higuera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Antonio Higuera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Antonio Higuera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Antonio Higuera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Antonio Higuera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1748 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Antonio Higuera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Antonio Higuera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Raymond Hilfer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Raymond Hilfer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Raymond Hilfer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1749</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Raymond Hilfer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Raymond Hilfer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Raymond Hilfer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Raymond Hilfer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Raymond Hilfer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1750 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Raymond Hilfer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Raymond Hilfer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Raymond Hilfer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Catherine Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Catherine Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1751 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Catherine Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Catherine Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Catherine Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Catherine Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1752</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Catherine Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Catherine Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Catherine Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Catherine Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sheldon Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1753 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Sheldon Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sheldon Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sheldon Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sheldon Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sheldon Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1754</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Sheldon Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sheldon Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sheldon Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sheldon Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sheldon Himes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1755</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Brandt Hobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brandt Hobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brandt Hobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brandt Hobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brandt Hobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1756 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Brandt Hobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brandt Hobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brandt Hobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brandt Hobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brandt Hobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1757 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Brandt Hobbs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Zachary Hodges San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Zachary Hodges San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Zachary Hodges San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Zachary Hodges San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1758 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Zachary Hodges San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Zachary Hodges San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Zachary Hodges San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Zachary Hodges San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Zachary Hodges San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1759 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Zachary Hodges San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Zachary Hodges San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Tyler Hodgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tyler Hodgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tyler Hodgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1760 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Tyler Hodgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tyler Hodgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tyler Hodgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tyler Hodgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tyler Hodgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1761 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Tyler Hodgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tyler Hodgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tyler Hodgins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Nathan Hoehnke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Nathan Hoehnke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1762</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Nathan Hoehnke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Nathan Hoehnke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Nathan Hoehnke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Nathan Hoehnke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Nathan Hoehnke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1763</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Nathan Hoehnke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Nathan Hoehnke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Nathan Hoehnke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Derek Hoffman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Derek Hoffman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1764</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Derek Hoffman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Derek Hoffman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Derek Hoffman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1765 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Derek Hoffman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Derek Hoffman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Hoffman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1766 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1767 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1768 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kurt Hoffman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kurt Hoffman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1769 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1770</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	William Hogan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1771 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1772 of 4281

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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/11/2017	Kevin Hogue San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1773 of 4281

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1774 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/28/2017	Kevin Hogue San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kevin Hogue San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Stephen Holderfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stephen Holderfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1775 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Stephen Holderfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Stephen Holderfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Stephen Holderfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Stephen Holderfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stephen Holderfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1776 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Stephen Holderfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Stephen Holderfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stephen Holderfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Stephen Holderfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Quentin Holiday San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1777 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Quentin Holiday San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Quentin Holiday San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Quentin Holiday San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Quentin Holiday San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Quentin Holiday San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1778</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Quentin Holiday San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Quentin Holiday San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Quentin Holiday San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Quentin Holiday San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Quentin Holiday San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1779 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Darrell Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Darrell Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Darrell Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Darrell Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Darrell Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1780</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Darrell Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Darrell Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Darrell Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Darrell Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Darrell Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1781 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Darrell Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	George Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	George Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	George Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	George Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1782 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	George Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	George Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	George Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	George Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	George Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1783</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	George Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	George Holland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shane Hollands San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shane Hollands San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shane Hollands San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1784 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Shane Hollands San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shane Hollands San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shane Hollands San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shane Hollands San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shane Hollands San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1785 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Shane Hollands San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shane Hollands San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shane Hollands San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Thomas Hollenbaugh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Thomas Hollenbaugh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1786 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Thomas Hollenbaugh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Thomas Hollenbaugh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Thomas Hollenbaugh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Thomas Hollenbaugh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Thomas Hollenbaugh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1787 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Thomas Hollenbaugh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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11/28/2017	Thomas Hollenbaugh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Thomas Hollenbaugh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shawn Hollosy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1788</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Shawn Hollosy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1789</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1790</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/9/2017	Shawn Holloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1791 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Shawn Holloway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1792 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/11/2017	Adam Holub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Adam Holub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Adam Holub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Adam Holub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1793</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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11/15/2017	Adam Holub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1794 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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7/11/2017	Marisela Hornbeak San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1795 of 4281

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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1796 of 4281

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7/11/2017	Thun Houn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1797</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Thun Houn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Thun Houn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Thun Houn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Thun Houn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Thun Houn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1798</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Thun Houn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Thun Houn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Thun Houn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Thun Houn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Carleen Howard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1799 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Carleen Howard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Carleen Howard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Carleen Howard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Carleen Howard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Carleen Howard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1800</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Carleen Howard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Carleen Howard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Carleen Howard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Carleen Howard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Carleen Howard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1801</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Ensley Howell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ensley Howell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ensley Howell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ensley Howell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ensley Howell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1802</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Ensley Howell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ensley Howell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ensley Howell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ensley Howell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ensley Howell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1803</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Ensley Howell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Felix Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Felix Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Felix Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Felix Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1804</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Felix Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Felix Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Felix Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Felix Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Felix Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1805 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Felix Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Felix Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kathleen Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kathleen Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kathleen Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1806</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Kathleen Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kathleen Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kathleen Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kathleen Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kathleen Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1807</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Kathleen Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kathleen Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kathleen Huaman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Douglas Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Douglas Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1808 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Douglas Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Douglas Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Douglas Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Douglas Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Douglas Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1809 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Douglas Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Douglas Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1810 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Mark Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1811 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Mark Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Hubbard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1812</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Eva Huerta-Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eva Huerta-Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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8/22/2017	Eva Huerta-Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eva Huerta-Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1813 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Eva Huerta-Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eva Huerta-Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eva Huerta-Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eva Huerta-Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1814</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Alvin Huff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alvin Huff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alvin Huff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alvin Huff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1815</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Alvin Huff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alvin Huff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alvin Huff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alvin Huff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1816</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/11/2017	Chris Hughes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Chris Hughes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Chris Hughes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1817</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1818</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/28/2017	Chris Hughes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Chris Hughes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Hunsicker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Hunsicker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1819 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/9/2017	Christopher Hunsicker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Hunsicker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Hunsicker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Hunsicker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Hunsicker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1820</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Christopher Hunsicker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Hunsicker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Hunsicker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Hunsicker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Pamela Hunter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1821 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Pamela Hunter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Pamela Hunter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Pamela Hunter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Pamela Hunter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Pamela Hunter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1822 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Pamela Hunter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Pamela Hunter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Pamela Hunter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Pamela Hunter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Pamela Hunter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1823 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Michael Huntsman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Huntsman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Huntsman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Huntsman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Huntsman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1824 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Michael Huntsman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Huntsman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Huntsman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Huntsman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Huntsman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1825</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Michael Huntsman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mauricio Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mauricio Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mauricio Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mauricio Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1826 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Mauricio Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mauricio Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mauricio Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mauricio Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mauricio Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1827</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Mauricio Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mauricio Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tom Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tom Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tom Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1828 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Tom Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tom Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tom Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tom Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1829</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Tom Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tom Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tom Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Adam Hylin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Adam Hylin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1830</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Adam Hylin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Adam Hylin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Adam Hylin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Adam Hylin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Adam Hylin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1831</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Adam Hylin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Adam Hylin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Adam Hylin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Adam Hylin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sergio Ibarra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1832</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Sergio Ibarra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sergio Ibarra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sergio Ibarra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sergio Ibarra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sergio Ibarra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1833 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Sergio Ibarra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sergio Ibarra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sergio Ibarra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sergio Ibarra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1834</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Catherine Iglesias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Catherine Iglesias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Catherine Iglesias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Catherine Iglesias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Catherine Iglesias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1835</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Catherine Iglesias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Catherine Iglesias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Catherine Iglesias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Catherine Iglesias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1836</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Catherine Iglesias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jose Iniguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jose Iniguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jose Iniguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jose Iniguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1837 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Jose Iniguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jose Iniguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jose Iniguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jose Iniguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1838</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jose Iniguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jose Iniguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gabriel Isiordia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/20/2017	Gabriel Isiordia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/9/2017	Gabriel Isiordia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1839 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Gabriel Isiordia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/3/2017	Gabriel Isiordia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/17/2017	Gabriel Isiordia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/31/2017	Gabriel Isiordia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1840 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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7/11/2017	Duke Ito San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Duke Ito San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Duke Ito San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Duke Ito San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Duke Ito San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1841 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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10/31/2017	Duke Ito San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Duke Ito San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Duke Ito San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1842 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Duke Ito San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rafael Ixco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rafael Ixco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rafael Ixco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rafael Ixco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1843 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Rafael Ixco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rafael Ixco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rafael Ixco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rafael Ixco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rafael Ixco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1844</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Rafael Ixco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rafael Ixco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Izquierdo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew Izquierdo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Izquierdo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1845 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Matthew Izquierdo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew Izquierdo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Izquierdo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Matthew Izquierdo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Matthew Izquierdo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1846 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Matthew Izquierdo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Izquierdo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Izquierdo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ryan Jablonski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Jablonski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1847</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Ryan Jablonski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ryan Jablonski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ryan Jablonski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ryan Jablonski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ryan Jablonski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1848</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ryan Jablonski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ryan Jablonski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Jablonski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ryan Jablonski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alicia Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1849 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Alicia Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alicia Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alicia Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alicia Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alicia Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1850</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Alicia Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alicia Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alicia Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alicia Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alicia Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1851</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Daniel Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daniel Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1852</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Daniel Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1853</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Daniel Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Timothy Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Timothy Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Timothy Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Timothy Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1854</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Timothy Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Timothy Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Timothy Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Timothy Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Timothy Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1855 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Timothy Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Timothy Jackson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Paul Jacome San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Jacome San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Paul Jacome San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1856</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Paul Jacome San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Paul Jacome San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Paul Jacome San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Paul Jacome San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1857 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Paul Jacome San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paul Jacome San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Jacome San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Giovanni Jagiello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Giovanni Jagiello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1858</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Giovanni Jagiello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Giovanni Jagiello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Giovanni Jagiello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Giovanni Jagiello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Giovanni Jagiello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1859 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Giovanni Jagiello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Giovanni Jagiello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Giovanni Jagiello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Giovanni Jagiello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Jahn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1860</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Robert Jahn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Jahn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Jahn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Jahn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Jahn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1861 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Robert Jahn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Jahn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Jahn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Jahn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Jahn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1862 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Mark James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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8/22/2017	Mark James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1863</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/31/2017	Mark James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1864 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Mark James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Travis James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Travis James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Travis James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Travis James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1865 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Travis James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Travis James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Travis James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Travis James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Travis James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1866 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Travis James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Travis James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Trevor James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Trevor James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Trevor James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1867</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Trevor James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Trevor James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Trevor James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Trevor James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Trevor James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1868 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Trevor James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Trevor James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Trevor James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ty James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ty James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1869 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Ty James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ty James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ty James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ty James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ty James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1870 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ty James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ty James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ty James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ty James San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Janowicz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1871</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Joseph Janowicz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Janowicz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joseph Janowicz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joseph Janowicz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joseph Janowicz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1872</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Joseph Janowicz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Janowicz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joseph Janowicz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Janowicz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Janowicz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1873 of 4281
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Zane Jansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Zane Jansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Zane Jansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Zane Jansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Zane Jansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1874 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Zane Jansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Zane Jansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Zane Jansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Zane Jansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Zane Jansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1875</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Zane Jansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rhonda Jaquess San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rhonda Jaquess San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rhonda Jaquess San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rhonda Jaquess San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1876</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Rhonda Jaquess San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rhonda Jaquess San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rhonda Jaquess San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rhonda Jaquess San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rhonda Jaquess San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1877 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Rhonda Jaquess San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rhonda Jaquess San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kevin Jaquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kevin Jaquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kevin Jaquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1878 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Kevin Jaquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kevin Jaquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kevin Jaquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kevin Jaquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kevin Jaquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1879 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Kevin Jaquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kevin Jaquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kevin Jaquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gabriel Jasso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gabriel Jasso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1880 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Gabriel Jasso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gabriel Jasso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gabriel Jasso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gabriel Jasso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gabriel Jasso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1881</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Gabriel Jasso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gabriel Jasso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gabriel Jasso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gabriel Jasso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Jayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1882 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jason Jayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Jayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Jayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jason Jayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason Jayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1883 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jason Jayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason Jayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Jayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Jayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Jayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1884</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Lawrence Jenkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lawrence Jenkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lawrence Jenkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lawrence Jenkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lawrence Jenkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1885</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Lawrence Jenkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lawrence Jenkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lawrence Jenkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lawrence Jenkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1886</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Lawrence Jenkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Casey Jiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Casey Jiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Casey Jiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Casey Jiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1887</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Casey Jiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Casey Jiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Casey Jiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Casey Jiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Casey Jiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1888</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Casey Jiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Casey Jiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gerardo Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gerardo Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gerardo Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1889 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Gerardo Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gerardo Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gerardo Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gerardo Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gerardo Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1890</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Gerardo Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gerardo Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gerardo Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gregory Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gregory Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1891 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Gregory Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gregory Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gregory Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gregory Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gregory Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1892</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Gregory Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gregory Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gregory Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gregory Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sofia Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1893</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Sofia Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sofia Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sofia Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sofia Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sofia Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1894 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Sofia Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sofia Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sofia Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sofia Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sofia Jimenez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1895</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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7/11/2017	Chad Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Chad Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Chad Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Chad Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Chad Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1896 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Chad Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Chad Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Chad Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Chad Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1897 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/11/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1898 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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8/9/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1899 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1900 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/3/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1901 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1902 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/28/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1903</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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12/12/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1904</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/3/2017	Joseph Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1905 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/15/2017	Joseph Johnson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1906</u> of <u>4281</u>		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1907</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

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		Page <u>1908</u> of <u>4281</u>
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1909 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1910 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1911 of 4281

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NAME OF FILER

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1912 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1913 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>1914</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1915</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet)

Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1916 of 4281
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
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		Page <u>1917</u> of <u>4281</u>
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SCHEDULE A (CONT.)

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from	07/01/2017	
through	12/31/2017	Page 1918 of 4281

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1919</u> of <u>4281</u> I.D. Number 1343640

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SCHEDULE A (CONT.)

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from	07/01/2017	
through	12/31/2017	Page 1920 of 4281

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Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1921</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Thomas Jolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Thomas Jolin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bobbie Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Bobbie Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Bobbie Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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IND - Individual
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(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1922 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Bobbie Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Bobbie Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Bobbie Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Bobbie Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Bobbie Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1923 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Bobbie Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Bobbie Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Bobbie Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Christopher Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1924</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Christopher Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1925</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Christopher Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Greg Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1926</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Greg Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Greg Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Greg Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Greg Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Greg Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1927 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Greg Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Greg Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Greg Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Greg Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Justin Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1928 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Justin Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Justin Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Justin Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Justin Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Justin Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1929 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Justin Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Justin Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Justin Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Justin Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Justin Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1930 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Michael Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1931 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Michael Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1932</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Michael Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ydren Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ydren Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ydren Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ydren Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1933 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Ydren Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ydren Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ydren Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ydren Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ydren Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1934 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Ydren Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ydren Jones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joshua Jordan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joshua Jordan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joshua Jordan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1935 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Joshua Jordan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joshua Jordan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joshua Jordan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joshua Jordan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joshua Jordan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1936 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Joshua Jordan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joshua Jordan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joshua Jordan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Antonio Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Antonio Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1937 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Antonio Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Antonio Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Antonio Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Antonio Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Antonio Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1938</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Antonio Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Antonio Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Antonio Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Antonio Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eugene Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1939 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Eugene Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eugene Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eugene Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eugene Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eugene Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1940</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Eugene Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eugene Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eugene Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eugene Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eugene Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1941 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/11/2017	Mario Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mario Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mario Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mario Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mario Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1942 of 4281

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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/3/2017	Mario Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mario Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mario Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mario Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mario Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1943</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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12/12/2017	Mario Juarez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Judd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Judd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Judd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Judd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1944</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Richard Judd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Judd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Judd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Judd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Judd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1945</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Richard Judd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Judd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Debra Junior San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Debra Junior San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Debra Junior San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1946</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Debra Junior San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Debra Junior San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Debra Junior San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Debra Junior San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Debra Junior San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1947 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Debra Junior San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Debra Junior San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Debra Junior San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jarred Kabluyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Jarred Kabluyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1948</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jarred Kabluyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Jarred Kabluyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Jarred Kabluyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Jarred Kabluyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Jarred Kabluyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1949 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jarred Kabluyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Jarred Kabluyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Jarred Kabluyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Jarred Kabluyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Joshua Kakuska San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1950 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Joshua Kakuska San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joshua Kakuska San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joshua Kakuska San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joshua Kakuska San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joshua Kakuska San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1951 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Joshua Kakuska San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joshua Kakuska San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joshua Kakuska San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joshua Kakuska San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1952</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Annette Kammien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Annette Kammien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Annette Kammien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Annette Kammien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Annette Kammien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1953 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/17/2017	Annette Kammien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Annette Kammien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Annette Kammien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Annette Kammien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1954 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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12/12/2017	Annette Kammien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Kassis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Kassis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Kassis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Kassis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1955</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Michael Kassis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Kassis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Kassis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Kassis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Kassis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1956 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Michael Kassis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Kassis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Troy Kaukani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Troy Kaukani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Troy Kaukani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1957</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Troy Kaukani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Troy Kaukani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Troy Kaukani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Troy Kaukani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Troy Kaukani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1958 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Troy Kaukani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Troy Kaukani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Troy Kaukani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tiffany Kautz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Tiffany Kautz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1959 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Tiffany Kautz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Tiffany Kautz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Tiffany Kautz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Tiffany Kautz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1960 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Tiffany Kautz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Tiffany Kautz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Tiffany Kautz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Walter Kazee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1961 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/9/2017	Walter Kazee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Walter Kazee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Walter Kazee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1962 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Walter Kazee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Walter Kazee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Walter Kazee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Walter Kazee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1963</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kevin Kecskes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kevin Kecskes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kevin Kecskes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kevin Kecskes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1964</u> of <u>4281</u>
		I.D. Number 1343640

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11/15/2017	Kevin Kecskes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kevin Kecskes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1965 of 4281

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7/11/2017	Angelica Keim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Angelica Keim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Angelica Keim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Angelica Keim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1966 of 4281

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Angelica Keim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Angelica Keim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Angelica Keim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Angelica Keim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Angelica Keim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1967</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Angelica Keim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Angelica Keim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Loran Keith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Loran Keith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Loran Keith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1968 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Loran Keith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Loran Keith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Loran Keith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Loran Keith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Loran Keith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1969 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Loran Keith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Loran Keith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Loran Keith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1970</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Robert Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1971</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Robert Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shelli Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1972</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Shelli Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shelli Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shelli Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shelli Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shelli Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1973</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Shelli Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shelli Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shelli Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shelli Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shelli Kelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1974</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Amy Kennedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Amy Kennedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Amy Kennedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Amy Kennedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Amy Kennedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1975</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Amy Kennedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Amy Kennedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Amy Kennedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Amy Kennedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Amy Kennedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1976 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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12/12/2017	Amy Kennedy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Kennicutt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Kennicutt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mark Kennicutt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mark Kennicutt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1977 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Mark Kennicutt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Kennicutt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Kennicutt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mark Kennicutt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Kennicutt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1978 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Mark Kennicutt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Kennicutt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Stephen Kessler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stephen Kessler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Stephen Kessler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1979</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Stephen Kessler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Stephen Kessler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stephen Kessler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Stephen Kessler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1980 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Stephen Kessler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stephen Kessler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Stephen Kessler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tanganique Kilgore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tanganique Kilgore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>1981</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Tanganique Kilgore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tanganique Kilgore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tanganique Kilgore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tanganique Kilgore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1982 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Tanganique Kilgore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tanganique Kilgore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tanganique Kilgore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tanganique Kilgore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven King San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1983</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Steven King San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Steven King San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Steven King San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Steven King San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steven King San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1984</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Steven King San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Steven King San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Steven King San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Steven King San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steven King San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1985</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Scott Kinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Scott Kinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Scott Kinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Scott Kinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Scott Kinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1986</u> of <u>4281</u>
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10/17/2017	Scott Kinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Scott Kinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Scott Kinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Scott Kinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1987 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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12/12/2017	Scott Kinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christine Kirby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christine Kirby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christine Kirby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1988</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/3/2017	Christine Kirby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christine Kirby San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1989</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1990</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1991 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>1992</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 1993 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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11/28/2017	Robert Kirk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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7/11/2017	Brandon Kirkendall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>1994</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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8/9/2017	Brandon Kirkendall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Brandon Kirkendall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brandon Kirkendall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1995 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/15/2017	Brandon Kirkendall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brandon Kirkendall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 1996 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/20/2017	Jennifer Kirkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

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from	07/01/2017	
through	12/31/2017	Page 1997 of 4281

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SCHEDULE A (CONT.)

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from 07/01/2017		
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SCHEDULE A (CONT.)

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from	07/01/2017	
through	12/31/2017	Page 1999 of 4281

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2000</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Kari Klaus San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kari Klaus San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Kleczko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Kleczko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Kleczko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2001 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Michael Kleczko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Kleczko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Kleczko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Kleczko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Kleczko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2002</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Michael Kleczko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Kleczko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Kleczko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Travis Kleveno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Travis Kleveno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2003 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Travis Kleveno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Travis Kleveno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Travis Kleveno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Travis Kleveno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Travis Kleveno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2004</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Travis Kleveno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Travis Kleveno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Travis Kleveno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Travis Kleveno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Kling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2005 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Michael Kling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Kling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Kling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Kling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Kling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2006 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Michael Kling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Kling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Kling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Kling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Kling San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2007</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Tracy Klinkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tracy Klinkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tracy Klinkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Tracy Klinkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tracy Klinkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2008 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Tracy Klinkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tracy Klinkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tracy Klinkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tracy Klinkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tracy Klinkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2009</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Tracy Klinkhart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Thomas Knipper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Thomas Knipper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Thomas Knipper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Thomas Knipper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2010</u> of <u>4281</u>
		I.D. Number 1343640

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San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/3/2017	Thomas Knipper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Thomas Knipper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Thomas Knipper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Thomas Knipper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2011 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Thomas Knipper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Thomas Knipper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jared Knowlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jared Knowlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jared Knowlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2012 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jared Knowlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jared Knowlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jared Knowlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jared Knowlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jared Knowlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2013</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jared Knowlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jared Knowlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jared Knowlton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Paul Koch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Koch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2014</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Paul Koch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Paul Koch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Paul Koch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Paul Koch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Paul Koch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2015 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Paul Koch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Paul Koch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paul Koch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Koch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Curtis Kolb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2016</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Curtis Kolb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Curtis Kolb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Curtis Kolb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Curtis Kolb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Curtis Kolb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2017 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Curtis Kolb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Curtis Kolb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Curtis Kolb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Curtis Kolb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Curtis Kolb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2018</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jacob Kooyman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Jacob Kooyman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Jacob Kooyman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Jacob Kooyman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Jacob Kooyman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2019</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jacob Kooyman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Jacob Kooyman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Jacob Kooyman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Jacob Kooyman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Cody Korkotsakis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2020 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Cody Korkotsakis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cody Korkotsakis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cody Korkotsakis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cody Korkotsakis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cody Korkotsakis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2021 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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10/17/2017	Cody Korkotsakis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cody Korkotsakis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cody Korkotsakis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cody Korkotsakis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cody Korkotsakis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2022</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	John Korzonek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Korzonek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Korzonek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Korzonek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Korzonek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2023 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	John Korzonek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Korzonek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Korzonek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Korzonek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Korzonek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA FORM 460 Page 2024 of 4281 I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	John Korzonek San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kristopher Kostiuk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kristopher Kostiuk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kristopher Kostiuk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kristopher Kostiuk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2025</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Kristopher Kostiuk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kristopher Kostiuk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kristopher Kostiuk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kristopher Kostiuk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kristopher Kostiuk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2026</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Kristopher Kostiuk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kristopher Kostiuk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Janna Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Janna Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Janna Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2027</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Janna Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Janna Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Janna Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Janna Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Janna Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2028 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Janna Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Janna Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Janna Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lavonne Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lavonne Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2029 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Lavonne Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lavonne Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lavonne Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lavonne Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lavonne Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2030 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Lavonne Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lavonne Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lavonne Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lavonne Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steve Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2031</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Steve Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Steve Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Steve Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Steve Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steve Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2032 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Steve Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Steve Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Steve Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Steve Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steve Kovensky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2033</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Roger Kowalewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Roger Kowalewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Roger Kowalewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Roger Kowalewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Roger Kowalewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2034 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Roger Kowalewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Roger Kowalewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Roger Kowalewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Roger Kowalewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Roger Kowalewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2035</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Roger Kowalewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Clifford Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Clifford Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Clifford Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Clifford Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2036</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Clifford Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Clifford Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Clifford Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Clifford Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Clifford Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2037 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Clifford Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Clifford Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Paul Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Paul Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2038 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Paul Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Paul Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Paul Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Paul Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Paul Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2039 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Paul Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paul Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Kowalski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kevin Kraft San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kevin Kraft San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2040 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Kevin Kraft San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kevin Kraft San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kevin Kraft San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kevin Kraft San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kevin Kraft San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2041</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Kevin Kraft San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kevin Kraft San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kevin Kraft San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kevin Kraft San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Kroeker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2042</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jonathan Kroeker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Kroeker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Kroeker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Kroeker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Kroeker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2043 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jonathan Kroeker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Kroeker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Kroeker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Kroeker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Kroeker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2044</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Gina Kuhn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gina Kuhn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gina Kuhn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gina Kuhn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gina Kuhn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2045</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Gina Kuhn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gina Kuhn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gina Kuhn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gina Kuhn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gina Kuhn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2046</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Gina Kuhn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Max Kunzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Max Kunzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Max Kunzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Max Kunzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2047 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Max Kunzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Max Kunzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Max Kunzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Max Kunzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Max Kunzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2048 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Max Kunzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Max Kunzman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mariusz Kuskowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mariusz Kuskowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mariusz Kuskowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2049</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Mariusz Kuskowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mariusz Kuskowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mariusz Kuskowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mariusz Kuskowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mariusz Kuskowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2050 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Mariusz Kuskowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mariusz Kuskowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mariusz Kuskowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Clay Lacey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Clay Lacey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2051</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Clay Lacey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Clay Lacey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Clay Lacey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Clay Lacey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Clay Lacey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2052</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Clay Lacey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Clay Lacey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Clay Lacey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Clay Lacey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Lacy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2053</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	James Lacy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Lacy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	James Lacy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	James Lacy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	James Lacy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2054 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	James Lacy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	James Lacy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	James Lacy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	James Lacy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James Lacy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2055 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jacob Laduke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jacob Laduke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jacob Laduke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jacob Laduke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jacob Laduke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

***Contributor Codes**

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2056 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jacob Laduke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jacob Laduke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jacob Laduke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jacob Laduke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jacob Laduke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2057 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jacob Laduke San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Corey LaFever San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Corey LaFever San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Corey LaFever San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Corey LaFever San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2058</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Corey LaFever San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Corey LaFever San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Corey LaFever San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Corey LaFever San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Corey LaFever San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2059 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Corey LaFever San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Corey LaFever San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lauren Laidlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lauren Laidlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lauren Laidlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2060</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Lauren Laidlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lauren Laidlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lauren Laidlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lauren Laidlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lauren Laidlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2061</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Lauren Laidlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lauren Laidlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lauren Laidlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gerad Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gerad Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2062</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Gerad Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gerad Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gerad Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gerad Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gerad Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2063 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Gerad Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gerad Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gerad Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gerad Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2064</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Steven Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/9/2017	Steven Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/22/2017	Steven Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
9/19/2017	Steven Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/3/2017	Steven Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2065 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Steven Laing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	William Lamb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	William Lamb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	William Lamb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	William Lamb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2066</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	William Lamb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	William Lamb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	William Lamb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	William Lamb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2067 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	William Lamb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	William Lamb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sean Lamkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sean Lamkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sean Lamkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2068</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Sean Lamkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sean Lamkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sean Lamkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sean Lamkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sean Lamkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2069 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Sean Lamkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sean Lamkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sean Lamkin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Taylor Lamson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Taylor Lamson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2070 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Taylor Lamson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Taylor Lamson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Taylor Lamson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Taylor Lamson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Taylor Lamson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2071 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Taylor Lamson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Taylor Lamson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Taylor Lamson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Taylor Lamson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Landavazo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2072 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Michael Landavazo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Landavazo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Landavazo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Landavazo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Landavazo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2073</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Michael Landavazo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Landavazo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Landavazo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Landavazo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Landavazo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2074</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Scott Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Scott Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Scott Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Scott Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Scott Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2075</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Scott Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Scott Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Scott Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Scott Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Scott Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2076</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Scott Landen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marina Landeros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marina Landeros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Marina Landeros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Marina Landeros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2077</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Marina Landeros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Marina Landeros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Marina Landeros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Marina Landeros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Marina Landeros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2078 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Marina Landeros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Marina Landeros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Carlos Landino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Carlos Landino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Carlos Landino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2079 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Carlos Landino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Carlos Landino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Carlos Landino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Carlos Landino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Carlos Landino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2080</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Carlos Landino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Carlos Landino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Carlos Landino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bryan Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Bryan Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2081 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Bryan Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Bryan Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Bryan Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Bryan Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Bryan Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2082</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Bryan Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Bryan Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Bryan Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bryan Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Justin Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2083</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Justin Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Justin Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Justin Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Justin Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Justin Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2084</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Justin Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Justin Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Justin Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Justin Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Justin Lane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2085</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kamden Lang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kamden Lang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kamden Lang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kamden Lang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kamden Lang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2086</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kamden Lang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kamden Lang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kamden Lang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kamden Lang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kamden Lang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2087 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Kamden Lang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Laura Lanier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Laura Lanier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Laura Lanier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Laura Lanier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2088</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Laura Lanier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Laura Lanier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Laura Lanier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Laura Lanier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Laura Lanier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2089</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Laura Lanier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Laura Lanier San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Darin Lansdown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Darin Lansdown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Darin Lansdown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
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OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2090</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Darin Lansdown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Darin Lansdown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Darin Lansdown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Darin Lansdown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Darin Lansdown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2091 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Darin Lansdown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Darin Lansdown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Darin Lansdown San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Lara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Lara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2092</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	David Lara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Lara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Lara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Lara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Lara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2093 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	David Lara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Lara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Lara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Lara San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Andrei Larioza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2094</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Andrei Larioza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Andrei Larioza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Andrei Larioza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Andrei Larioza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Andrei Larioza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2095</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Andrei Larioza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Andrei Larioza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Andrei Larioza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Andrei Larioza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Andrei Larioza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2096</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Braden Larsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Braden Larsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Braden Larsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Braden Larsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Braden Larsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2097 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Braden Larsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Braden Larsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Braden Larsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Braden Larsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Braden Larsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2098</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Braden Larsen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Benjamin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Benjamin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Benjamin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Benjamin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2099 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Benjamin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Benjamin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Benjamin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Benjamin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Benjamin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2100</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Benjamin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Benjamin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kevin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kevin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kevin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2101</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Kevin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kevin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kevin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kevin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kevin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2102</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Kevin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kevin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kevin Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Paul Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2103</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Paul Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Paul Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Paul Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Paul Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Paul Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2104</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Paul Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Paul Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paul Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Larson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Lascala San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2105 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Joseph Lascala San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Lascala San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joseph Lascala San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joseph Lascala San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joseph Lascala San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2106 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Joseph Lascala San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Lascala San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joseph Lascala San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Lascala San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Lascala San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2107 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Samuel Lashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/20/2017	Samuel Lashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/9/2017	Samuel Lashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/22/2017	Samuel Lashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
9/19/2017	Samuel Lashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2108 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Samuel Lashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
11/15/2017	Samuel Lashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
12/12/2017	Samuel Lashley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/11/2017	Eno Lassiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eno Lassiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2109 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Eno Lassiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eno Lassiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eno Lassiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eno Lassiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eno Lassiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2110 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Eno Lassiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eno Lassiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eno Lassiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eno Lassiter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Omar Lastra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2111 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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1343640

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7/20/2017	Omar Lastra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Omar Lastra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Omar Lastra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Omar Lastra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Omar Lastra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2112 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Omar Lastra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Omar Lastra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Omar Lastra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Omar Lastra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Omar Lastra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2113 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Shannon Laub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shannon Laub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shannon Laub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shannon Laub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shannon Laub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2114 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Shannon Laub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shannon Laub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shannon Laub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shannon Laub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shannon Laub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2115</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Shannon Laub San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tiffani Lawyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tiffani Lawyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tiffani Lawyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Tiffani Lawyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2116 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Tiffani Lawyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tiffani Lawyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tiffani Lawyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tiffani Lawyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tiffani Lawyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2117 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Tiffani Lawyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tiffani Lawyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ryan Layos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Layos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ryan Layos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2118 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Ryan Layos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ryan Layos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ryan Layos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ryan Layos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ryan Layos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2119 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Ryan Layos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Layos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ryan Layos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Scott Leach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Scott Leach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2120 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Scott Leach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Scott Leach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Scott Leach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Scott Leach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Scott Leach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2121</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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10/31/2017	Scott Leach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Scott Leach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Scott Leach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Scott Leach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Arthur Lechuga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2122</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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7/20/2017	Arthur Lechuga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Arthur Lechuga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Arthur Lechuga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Arthur Lechuga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Arthur Lechuga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2123 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Arthur Lechuga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Arthur Lechuga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Arthur Lechuga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Arthur Lechuga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Arthur Lechuga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2124</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	George Ledesma San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	George Ledesma San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	George Ledesma San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	George Ledesma San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	George Ledesma San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2125</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	George Ledesma San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	George Ledesma San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	George Ledesma San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	George Ledesma San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	George Ledesma San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2126 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	George Ledesma San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jessica Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jessica Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jessica Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jessica Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2127 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Jessica Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jessica Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jessica Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jessica Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2128</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jessica Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jessica Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2129</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Matthew Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Matthew Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2130 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/15/2017	Matthew Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Lee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Molly Leiker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Molly Leiker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2131</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Molly Leiker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Molly Leiker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Molly Leiker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Molly Leiker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2132 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Molly Leiker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Molly Leiker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Molly Leiker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Molly Leiker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Willisone Leilua San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2133 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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8/9/2017	Willisone Leilua San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2134 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Willisone Leilua San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Willisone Leilua San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Willisone Leilua San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Willisone Leilua San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Gerald Leininger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2135</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Gerald Leininger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gerald Leininger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gerald Leininger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gerald Leininger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gerald Leininger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2136 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Gerald Leininger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gerald Leininger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gerald Leininger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gerald Leininger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gerald Leininger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2137</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Sean Lenihan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sean Lenihan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sean Lenihan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sean Lenihan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sean Lenihan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2138</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Sean Lenihan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sean Lenihan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sean Lenihan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sean Lenihan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sean Lenihan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2139</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Sean Lenihan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Patrick Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Patrick Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Patrick Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Patrick Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2140</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Patrick Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Patrick Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Patrick Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Patrick Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Patrick Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2141 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Patrick Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Patrick Leon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Noelle Leon-Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Noelle Leon-Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Noelle Leon-Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2142 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Noelle Leon-Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Noelle Leon-Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Noelle Leon-Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Noelle Leon-Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Noelle Leon-Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2143</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Noelle Leon-Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Noelle Leon-Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Noelle Leon-Campbell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alexandria Lespron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alexandria Lespron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2144 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Alexandria Lespron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alexandria Lespron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alexandria Lespron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alexandria Lespron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alexandria Lespron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2145</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Alexandria Lespron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alexandria Lespron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alexandria Lespron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alexandria Lespron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Lessentine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2146</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	John Lessentine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Lessentine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Lessentine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Lessentine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Lessentine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2147 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	John Lessentine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Lessentine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Lessentine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Lessentine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Lessentine San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2148</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Diane Letourneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Diane Letourneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Diane Letourneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Diane Letourneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Diane Letourneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2149 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Diane Letourneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Diane Letourneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Diane Letourneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Diane Letourneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Diane Letourneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2150 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Diane Letourneau San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Thomas Levan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Thomas Levan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Thomas Levan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Thomas Levan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2151 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Thomas Levan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Thomas Levan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Thomas Levan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Thomas Levan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Thomas Levan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2152</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Thomas Levan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Emory Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Emory Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Emory Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Emory Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2153</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Emory Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Emory Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Emory Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Emory Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Emory Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2154 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Emory Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Emory Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mark Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2155 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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9/19/2017	Mark Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mark Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2156 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/15/2017	Mark Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
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Schedule A (Continuation Sheet)

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2157 of 4281
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Matthew Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Matthew Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Matthew Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2158</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Matthew Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Matthew Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2159</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Michael Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2160 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Michael Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Lewis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2161</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jeffry Lewison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffry Lewison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeffry Lewison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeffry Lewison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeffry Lewison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2162 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jeffry Lewison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeffry Lewison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeffry Lewison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeffry Lewison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeffry Lewison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2163 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jeffry Lewison San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marlene Leyva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marlene Leyva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Marlene Leyva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Marlene Leyva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2164 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Marlene Leyva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Marlene Leyva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Marlene Leyva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Marlene Leyva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Marlene Leyva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2165 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Marlene Leyva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Marlene Leyva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jayson Lidar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jayson Lidar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jayson Lidar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2166</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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8/22/2017	Jayson Lidar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jayson Lidar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jayson Lidar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jayson Lidar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jayson Lidar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2167</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/15/2017	Jayson Lidar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jayson Lidar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jayson Lidar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Liddicote San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Liddicote San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2168</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Brian Liddicote San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Liddicote San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Liddicote San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Liddicote San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Liddicote San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2169 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Brian Liddicote San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Liddicote San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Liddicote San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Liddicote San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2170</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Steven Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Steven Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Steven Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Steven Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Steven Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2171 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Steven Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Steven Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Steven Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Steven Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Thomas Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2172 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Thomas Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Thomas Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Thomas Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Thomas Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Thomas Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2173 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Thomas Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Thomas Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Thomas Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Thomas Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Thomas Lim San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2174 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Paul Lindley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Lindley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Paul Lindley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Paul Lindley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Paul Lindley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2175 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Paul Lindley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Paul Lindley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Paul Lindley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Paul Lindley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paul Lindley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2176</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Paul Lindley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jerad Linnell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jerad Linnell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jerad Linnell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jerad Linnell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2177</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jerad Linnell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jerad Linnell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jerad Linnell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jerad Linnell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jerad Linnell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2178</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jerad Linnell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jerad Linnell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Lisner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Lisner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Lisner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2179 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	James Lisner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	James Lisner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	James Lisner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	James Lisner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	James Lisner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2180 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	James Lisner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	James Lisner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James Lisner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Crystal Little San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Crystal Little San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2181 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Crystal Little San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Crystal Little San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Crystal Little San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Crystal Little San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Crystal Little San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2182</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Crystal Little San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Crystal Little San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Crystal Little San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Crystal Little San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Litzkow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2183 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Matthew Litzkow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Litzkow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Matthew Litzkow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew Litzkow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Litzkow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2184</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Matthew Litzkow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Matthew Litzkow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Matthew Litzkow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Litzkow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Litzkow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2185 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	David Livi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Livi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Livi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Livi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Livi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2186 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	David Livi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Livi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Livi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Livi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Livi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2187 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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12/12/2017	David Livi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jose Llamas III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Jose Llamas III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Jose Llamas III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2188 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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10/17/2017	Jose Llamas III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Jose Llamas III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Jose Llamas III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Jose Llamas III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2189 of 4281

SEE INSTRUCTIONS ON REVERSE

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San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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12/12/2017	Jose Llamas III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Oleg Llaurado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Oleg Llaurado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Oleg Llaurado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Oleg Llaurado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2190</u> of <u>4281</u>
		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Oleg Llaurado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Oleg Llaurado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Oleg Llaurado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Oleg Llaurado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Oleg Llaurado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2191</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Oleg Llaurado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Oleg Llaurado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brady Lock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brady Lock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brady Lock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2192</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Brady Lock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brady Lock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brady Lock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brady Lock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brady Lock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2193</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Brady Lock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brady Lock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brady Lock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Raul Loera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Raul Loera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2194 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Raul Loera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Raul Loera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Raul Loera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Raul Loera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Raul Loera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2195 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Raul Loera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Raul Loera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Raul Loera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Raul Loera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Roger Loftis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2196</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Roger Loftis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Roger Loftis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Roger Loftis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Roger Loftis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Roger Loftis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2197</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Roger Loftis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Roger Loftis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Roger Loftis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Roger Loftis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Roger Loftis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2198</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Roberto Lomeli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Roberto Lomeli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Roberto Lomeli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Roberto Lomeli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Roberto Lomeli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2199 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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10/17/2017	Roberto Lomeli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Roberto Lomeli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Roberto Lomeli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Roberto Lomeli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2200 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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12/12/2017	Roberto Lomeli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rebecca London San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rebecca London San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rebecca London San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rebecca London San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2201</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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9/19/2017	Rebecca London San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rebecca London San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rebecca London San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rebecca London San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rebecca London San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2202</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Rebecca London San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rebecca London San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Justin Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Justin Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Justin Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2203</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Justin Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Justin Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Justin Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Justin Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Justin Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2204</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Justin Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Justin Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Taylor Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Taylor Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2205</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Taylor Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Taylor Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2206</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Taylor Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Taylor Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Taylor Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Taylor Long San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rebecca Lonnstrom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2207 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Rebecca Lonnstrom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rebecca Lonnstrom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rebecca Lonnstrom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rebecca Lonnstrom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rebecca Lonnstrom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2208 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Rebecca Lonnstrom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rebecca Lonnstrom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rebecca Lonnstrom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rebecca Lonnstrom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rebecca Lonnstrom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2209 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Alejandra Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alejandra Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alejandra Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alejandra Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alejandra Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2210 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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10/17/2017	Alejandra Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alejandra Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alejandra Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alejandra Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2211</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/11/2017	Alfredo Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alfredo Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2212 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/17/2017	Alfredo Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alfredo Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alfredo Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2213 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Alfredo Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alfredo Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2214</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Brian Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2215</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Brian Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Charles Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Charles Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2216</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Charles Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Charles Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Charles Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Charles Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Charles Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2217 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Charles Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Charles Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Charles Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Charles Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cipriano Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2218</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Cipriano Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cipriano Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cipriano Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cipriano Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cipriano Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2219</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Cipriano Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cipriano Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cipriano Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cipriano Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2220 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2221</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2222</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2223</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2224</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Desirae Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/20/2017	Desirae Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/17/2017	Desirae Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2225</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Desirae Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/15/2017	Desirae Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/28/2017	Desirae Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
12/12/2017	Desirae Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	Dimas Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2226 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Dimas Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dimas Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dimas Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dimas Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Dimas Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2227</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Dimas Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dimas Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dimas Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dimas Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dimas Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2228</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Larry Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Larry Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Larry Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Larry Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Larry Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2229</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Larry Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Larry Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Larry Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Larry Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Larry Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2230</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Larry Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Melania Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Melania Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Melania Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Melania Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2231 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Melania Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Melania Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Melania Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Melania Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Melania Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2232 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Melania Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Melania Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Salvador Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Salvador Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Salvador Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2233</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Salvador Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Salvador Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Salvador Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Salvador Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Salvador Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2234</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Salvador Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Salvador Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Salvador Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Vanessa Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Vanessa Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2235 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Vanessa Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Vanessa Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Vanessa Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Vanessa Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Vanessa Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2236</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Vanessa Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Vanessa Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Vanessa Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Vanessa Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Veronica Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2237</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Veronica Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Veronica Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Veronica Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Veronica Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Veronica Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2238 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Veronica Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Veronica Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Veronica Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Veronica Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Veronica Lopez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2239</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Cody Lord San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Cody Lord San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Cody Lord San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Cody Lord San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Cody Lord San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2240</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Cody Lord San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Cody Lord San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Cody Lord San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Cody Lord San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Cody Lord San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2241 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Cody Lord San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Peter Loukos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Peter Loukos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Peter Loukos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Peter Loukos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2242</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Peter Loukos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Peter Loukos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Peter Loukos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Peter Loukos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Peter Loukos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2243</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Peter Loukos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Peter Loukos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gregory Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gregory Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gregory Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2244</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Gregory Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gregory Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gregory Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gregory Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gregory Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2245</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Gregory Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gregory Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gregory Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tyler Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Tyler Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2246 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Tyler Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Tyler Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Tyler Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Tyler Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Tyler Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2247 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Tyler Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Tyler Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Tyler Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Tyler Loup San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Brian Lovasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2248</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Brian Lovasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Lovasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Lovasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Lovasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Lovasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2249 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Brian Lovasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Lovasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Lovasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Lovasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Lovasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2250 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Manuel Loyola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Manuel Loyola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Manuel Loyola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Manuel Loyola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Manuel Loyola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2251</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Manuel Loyola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Manuel Loyola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Manuel Loyola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Manuel Loyola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Manuel Loyola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2252</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Manuel Loyola San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gabriel Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gabriel Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gabriel Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gabriel Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2253 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Gabriel Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gabriel Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gabriel Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gabriel Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2254</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Gabriel Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gabriel Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jorge Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jorge Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jorge Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2255</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Jorge Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jorge Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jorge Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jorge Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2256</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jorge Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jorge Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jorge Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Martin Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Martin Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2257</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Martin Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Martin Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Martin Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Martin Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Martin Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2258 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Martin Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Martin Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Martin Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Martin Lozano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jesse Lucatero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2259</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jesse Lucatero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jesse Lucatero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jesse Lucatero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jesse Lucatero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jesse Lucatero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2260</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jesse Lucatero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jesse Lucatero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jesse Lucatero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jesse Lucatero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jesse Lucatero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2261 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Eric Lugo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Lugo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Lugo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eric Lugo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Lugo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2262</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Eric Lugo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Lugo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Lugo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Lugo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Lugo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2263</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Eric Lugo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bela Lukacs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Bela Lukacs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Bela Lukacs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Bela Lukacs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2264</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Bela Lukacs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Bela Lukacs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Bela Lukacs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Bela Lukacs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Bela Lukacs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2265 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Bela Lukacs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bela Lukacs San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ceasar Luna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ceasar Luna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ceasar Luna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2266</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Ceasar Luna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ceasar Luna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ceasar Luna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ceasar Luna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ceasar Luna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2267 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Ceasar Luna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ceasar Luna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ceasar Luna San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kyle Lunde San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kyle Lunde San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2268</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Kyle Lunde San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kyle Lunde San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kyle Lunde San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kyle Lunde San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kyle Lunde San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2269</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Kyle Lunde San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kyle Lunde San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kyle Lunde San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kyle Lunde San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dan Luong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2270</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/9/2017	Dan Luong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dan Luong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dan Luong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Dan Luong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2271</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Dan Luong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dan Luong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dan Luong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dan Luong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dan Luong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2272</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	April Lupo-Jennings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	April Lupo-Jennings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	April Lupo-Jennings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	April Lupo-Jennings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	April Lupo-Jennings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2273 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	April Lupo-Jennings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	April Lupo-Jennings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	April Lupo-Jennings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	April Lupo-Jennings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2274 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	April Lupo-Jennings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Luttio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Luttio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Luttio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	James Luttio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2275</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	James Luttio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	James Luttio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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11/15/2017	James Luttio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2276 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	James Luttio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kenneth Ly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kenneth Ly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kenneth Ly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2277</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2278 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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11/28/2017	Kenneth Ly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kenneth Ly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dale Lynch-Grunert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dale Lynch-Grunert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2279 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2280</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Dale Lynch-Grunert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dale Lynch-Grunert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dale Lynch-Grunert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dale Lynch-Grunert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Charles Lynton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2281</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Charles Lynton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Charles Lynton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Charles Lynton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Charles Lynton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Charles Lynton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2282</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Charles Lynton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Charles Lynton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Charles Lynton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Charles Lynton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Charles Lynton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2283</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Cody Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Cody Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Cody Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Cody Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Cody Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2284</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Cody Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Cody Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Cody Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Cody Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Cody Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2285 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Cody Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Stephen Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stephen Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Stephen Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Stephen Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2286 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Stephen Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Stephen Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stephen Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Stephen Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Stephen Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2287 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Stephen Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Stephen Lyter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2288</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jonathan Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2289 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jonathan Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Thomas Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Thomas Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2290</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Thomas Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Thomas Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Thomas Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Thomas Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Thomas Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2291</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Thomas Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Thomas Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Thomas Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Thomas Mabry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rod Macdonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2292 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Rod Macdonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rod Macdonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rod Macdonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rod Macdonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rod Macdonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2293</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Rod Macdonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rod Macdonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rod Macdonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rod Macdonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rod Macdonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2294</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Guillermo Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Guillermo Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Guillermo Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Guillermo Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Guillermo Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2295</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Guillermo Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Guillermo Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Guillermo Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Guillermo Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Guillermo Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2296 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Guillermo Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jesse Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jesse Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jesse Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jesse Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2297</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jesse Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jesse Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jesse Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jesse Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jesse Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2298</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jesse Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jesse Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Maddox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Maddox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Maddox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2299</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Daniel Maddox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Maddox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Maddox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Maddox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Maddox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2300</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Daniel Maddox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Maddox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Maddox San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Madril San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Madril San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2301</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michael Madril San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Madril San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Madril San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Madril San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Madril San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2302 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Madril San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Madril San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Madril San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Madril San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kristina Maeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2303</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Kristina Maeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kristina Maeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kristina Maeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kristina Maeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kristina Maeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2304</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Kristina Maeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kristina Maeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kristina Maeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kristina Maeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kristina Maeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2305 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jaime Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jaime Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jaime Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jaime Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jaime Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2306</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jaime Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jaime Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jaime Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jaime Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jaime Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2307</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jaime Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2308</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Robert Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2309 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Robert Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Maestas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Magdaleno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew Magdaleno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Magdaleno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2310 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Matthew Magdaleno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew Magdaleno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Magdaleno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Matthew Magdaleno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Matthew Magdaleno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2311 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Matthew Magdaleno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Magdaleno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Magdaleno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Mahan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Mahan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2312</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	James Mahan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	James Mahan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	James Mahan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	James Mahan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	James Mahan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2313 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	James Mahan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	James Mahan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	James Mahan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James Mahan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Linda Mahany San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2314</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Linda Mahany San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Linda Mahany San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Linda Mahany San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Linda Mahany San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Linda Mahany San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2315</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Linda Mahany San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Linda Mahany San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Linda Mahany San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Linda Mahany San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Linda Mahany San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2316</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Brendan Mahoney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brendan Mahoney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brendan Mahoney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brendan Mahoney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brendan Mahoney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2317</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Brendan Mahoney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brendan Mahoney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brendan Mahoney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brendan Mahoney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brendan Mahoney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2318</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Brendan Mahoney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gregory Mahony San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gregory Mahony San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gregory Mahony San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gregory Mahony San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2319</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Gregory Mahony San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gregory Mahony San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gregory Mahony San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gregory Mahony San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gregory Mahony San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2320</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Gregory Mahony San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gregory Mahony San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alejandro Maldonado Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alejandro Maldonado Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alejandro Maldonado Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2321 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Alejandro Maldonado Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alejandro Maldonado Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alejandro Maldonado Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alejandro Maldonado Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alejandro Maldonado Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2322 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Alejandro Maldonado Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alejandro Maldonado Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alejandro Maldonado Flores San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jasen Malocco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jasen Malocco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2323</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jasen Malocco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jasen Malocco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jasen Malocco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jasen Malocco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jasen Malocco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2324</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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10/31/2017	Jasen Malocco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jasen Malocco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jasen Malocco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jasen Malocco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Johnnie Mamon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2325</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Johnnie Mamon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Johnnie Mamon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Johnnie Mamon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Johnnie Mamon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Johnnie Mamon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2326</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Johnnie Mamon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Johnnie Mamon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Johnnie Mamon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Johnnie Mamon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Johnnie Mamon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2327 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Gheorghe Man San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gheorghe Man San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gheorghe Man San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gheorghe Man San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gheorghe Man San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2328</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Gheorghe Man San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gheorghe Man San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gheorghe Man San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gheorghe Man San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gheorghe Man San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2329 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Gheorghe Man San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jay Mandernach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jay Mandernach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jay Mandernach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jay Mandernach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2330 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jay Mandernach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jay Mandernach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jay Mandernach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jay Mandernach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jay Mandernach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2331</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jay Mandernach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jay Mandernach San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Manila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steven Manila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Steven Manila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2332</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Steven Manila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Steven Manila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steven Manila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steven Manila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Steven Manila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2333 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Steven Manila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Steven Manila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steven Manila San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Devin Manker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Devin Manker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2334</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Devin Manker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Devin Manker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Devin Manker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Devin Manker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Devin Manker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2335 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Devin Manker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Devin Manker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Devin Manker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Devin Manker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cody Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2336</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Cody Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cody Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cody Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cody Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cody Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2337</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Cody Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cody Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cody Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cody Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cody Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2338 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	David Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2339 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	David Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2340 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	David Manning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Thomas Marable San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Thomas Marable San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Thomas Marable San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Thomas Marable San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2341</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Thomas Marable San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Thomas Marable San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Thomas Marable San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Thomas Marable San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Thomas Marable San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2342</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Thomas Marable San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Thomas Marable San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Mares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Mares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Mares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2343</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Christopher Mares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Mares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Mares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Mares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Mares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2344</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Christopher Mares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Mares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Mares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ronald Markegard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ronald Markegard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2345 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Ronald Markegard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ronald Markegard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ronald Markegard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ronald Markegard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ronald Markegard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2346 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ronald Markegard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ronald Markegard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ronald Markegard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ronald Markegard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Curtis Markloff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2347 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Curtis Markloff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Curtis Markloff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Curtis Markloff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Curtis Markloff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Curtis Markloff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2348</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Curtis Markloff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Curtis Markloff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Curtis Markloff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Curtis Markloff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Curtis Markloff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2349</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Laura Marks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Laura Marks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Laura Marks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Laura Marks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Laura Marks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2350</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Laura Marks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Laura Marks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Laura Marks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Laura Marks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Laura Marks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2351 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Laura Marks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mathew Marnati San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Mathew Marnati San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Mathew Marnati San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Mathew Marnati San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2352</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Mathew Marnati San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Mathew Marnati San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Mathew Marnati San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Mathew Marnati San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Mathew Marnati San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2353 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Mathew Marnati San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Mathew Marnati San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	German Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	German Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	German Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2354 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	German Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	German Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	German Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	German Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	German Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2355 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	German Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	German Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	German Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Isaac Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Isaac Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2356 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Isaac Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Isaac Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Isaac Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Isaac Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Isaac Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2357</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Isaac Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Isaac Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Isaac Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Isaac Marquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Marrujo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2358 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Daniel Marrujo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Marrujo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daniel Marrujo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Marrujo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Marrujo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2359 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Daniel Marrujo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Marrujo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Marrujo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Marrujo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Marrujo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2360</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Eric Marsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Marsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Marsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eric Marsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Marsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2361</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Eric Marsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Marsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Marsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Marsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Marsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2362</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Eric Marsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	James Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2363 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	James Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	James Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	James Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	James Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	James Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2364 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	James Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ken Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ken Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ken Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2365</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Ken Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ken Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ken Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ken Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ken Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2366</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Ken Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ken Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ken Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marshe Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marshe Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2367</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Marshe Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Marshe Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Marshe Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Marshe Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Marshe Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2368</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Marshe Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Marshe Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Marshe Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Marshe Marshall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brent Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2369</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Brent Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brent Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brent Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brent Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brent Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2370</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Brent Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brent Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brent Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brent Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brent Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2371</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Shawn Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shawn Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shawn Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shawn Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shawn Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2372</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Shawn Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shawn Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shawn Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shawn Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shawn Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2373</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Shawn Martin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Adrian Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Adrian Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Adrian Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Adrian Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2374</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Adrian Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Adrian Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Adrian Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Adrian Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Adrian Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2375</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Adrian Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Adrian Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Alicia Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alicia Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alicia Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2376 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Alicia Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alicia Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alicia Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alicia Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alicia Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2377 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Alicia Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alicia Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alicia Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Daniel Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2378</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Daniel Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Daniel Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Daniel Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Daniel Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Daniel Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2379</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Daniel Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Daniel Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Daniel Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Daniel Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Dominick Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2380</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Dominick Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dominick Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dominick Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dominick Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Dominick Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
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OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2381 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Dominick Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dominick Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dominick Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dominick Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dominick Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2382 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Gina Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gina Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gina Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gina Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gina Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2383</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Gina Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gina Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gina Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gina Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gina Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2384</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Gina Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeremy Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeremy Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeremy Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeremy Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2385</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Jeremy Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeremy Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeremy Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeremy Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2386 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jeremy Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeremy Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joseph Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2387 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Joseph Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joseph Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joseph Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joseph Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2388 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Joseph Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2389 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Mark Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mark Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mark Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2390 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Mark Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2391</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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7/11/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2392</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2393 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2394</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2395 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2396</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2397 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ramon Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ramon Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ramon Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2398 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Ramon Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ramon Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ramon Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ramon Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ramon Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2399 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Ramon Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ramon Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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7/11/2017	Xochitl Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Xochitl Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2400 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Xochitl Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Xochitl Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Xochitl Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Xochitl Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2401 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Xochitl Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Xochitl Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Xochitl Martinez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mario Martinez-Nava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2402</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/9/2017	Mario Martinez-Nava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mario Martinez-Nava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mario Martinez-Nava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mario Martinez-Nava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2403</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Mario Martinez-Nava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mario Martinez-Nava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mario Martinez-Nava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mario Martinez-Nava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mario Martinez-Nava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2404</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	David Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2405 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	David Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2406</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	David Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2407 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jason Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jason Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2408</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jason Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Mascetti San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Mason San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Mason San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Mason San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2409</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	David Mason San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Mason San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Mason San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Mason San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Mason San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2410</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	David Mason San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Mason San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Mason San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Julian Mata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Julian Mata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2411</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Julian Mata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Julian Mata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Julian Mata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Julian Mata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Julian Mata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2412 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Julian Mata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Julian Mata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Julian Mata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Julian Mata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steve Mateo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2413 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Steve Mateo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Steve Mateo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Steve Mateo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Steve Mateo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Steve Mateo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2414</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Steve Mateo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Steve Mateo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Steve Mateo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Maclean May San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Maclean May San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2415</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Maclean May San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Maclean May San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Maclean May San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Maclean May San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Maclean May San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2416</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Maclean May San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Maclean May San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Maclean May San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Maclean May San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Mayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2417</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Matthew Mayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Mayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Matthew Mayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew Mayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Mayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2418</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Matthew Mayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Matthew Mayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Matthew Mayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Mayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Mayer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2419</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Chad Mayfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Chad Mayfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Chad Mayfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Chad Mayfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Chad Mayfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2420</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Chad Mayfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Chad Mayfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Chad Mayfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Chad Mayfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Chad Mayfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2421 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Chad Mayfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dennis McCall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dennis McCall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dennis McCall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dennis McCall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2422</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Dennis McCall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dennis McCall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dennis McCall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dennis McCall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2423</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Dennis McCall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dennis McCall San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cory McCarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Cory McCarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cory McCarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2424 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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10/3/2017	Cory McCarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Cory McCarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2425</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/15/2017	Cory McCarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cory McCarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cory McCarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Mccarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Mccarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2426</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	David Mccarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Mccarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Mccarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Mccarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Mccarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2427 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	David Mccarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Mccarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Mccarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Mccarthy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Julius Mcchristian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2428</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Julius Mcchristian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Julius Mcchristian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Julius Mcchristian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Julius Mcchristian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Julius Mcchristian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2429 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Julius Mcchristian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Julius Mcchristian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Julius Mcchristian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Julius Mcchristian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Julius Mcchristian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2430</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Michael McClellan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael McClellan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael McClellan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael McClellan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael McClellan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2431</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Michael McClellan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael McClellan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael McClellan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael McClellan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael McClellan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2432 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Michael Mcclellan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	William Mccomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	William Mccomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	William Mccomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	William Mccomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2433 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	William Mccomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	William Mccomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	William Mccomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	William Mccomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	William Mccomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2434 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	William Mccomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	William Mccomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Crystal McCormack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Crystal McCormack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Crystal McCormack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2435 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Crystal McCormack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Crystal McCormack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Crystal McCormack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Crystal McCormack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Crystal McCormack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2436</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Crystal McCormack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Crystal McCormack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Crystal McCormack San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Andrew McCoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Andrew McCoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2437</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Andrew Mccoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Andrew Mccoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Andrew Mccoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Andrew Mccoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Andrew Mccoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2438 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Andrew Mccoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Andrew Mccoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Andrew Mccoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Andrew Mccoy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nicholas McCrystal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2439</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Nicholas McCrystal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Nicholas McCrystal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Nicholas McCrystal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Nicholas McCrystal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Nicholas McCrystal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2440 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Nicholas McCrystal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Nicholas McCrystal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Nicholas McCrystal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Nicholas McCrystal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Nicholas McCrystal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2441</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kevin Mccurdy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kevin Mccurdy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kevin Mccurdy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kevin Mccurdy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kevin Mccurdy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2442 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kevin Mccurdy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kevin Mccurdy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kevin Mccurdy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kevin Mccurdy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kevin Mccurdy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2443 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Kevin Mccurdy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Mccurley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Mccurley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Mccurley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Mccurley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2444 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Michael Mccurley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Mccurley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Mccurley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Mccurley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Mccurley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2445 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Michael Mccurley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Mccurley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeffrey McDaniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey McDaniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeffrey McDaniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2446 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jeffrey McDaniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeffrey McDaniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeffrey McDaniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeffrey McDaniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeffrey McDaniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2447 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jeffrey McDaniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeffrey McDaniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeffrey McDaniel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Darnel McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Darnel McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2448 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Darnel McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Darnel McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Darnel McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Darnel McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Darnel McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2449 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Darnel McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Darnel McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Darnel McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Darnel McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2450</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	David McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2451</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	David McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David McDermott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2452 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Michael McDonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael McDonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael McDonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael McDonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael McDonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2453 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Michael McDonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael McDonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael McDonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael McDonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael McDonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2454 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Michael McDonald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Yvonne Mcfarland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Yvonne Mcfarland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Yvonne Mcfarland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Yvonne Mcfarland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2455 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Yvonne Mcfarland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Yvonne Mcfarland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Yvonne Mcfarland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Yvonne Mcfarland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Yvonne Mcfarland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2456</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Yvonne Mcfarland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Yvonne Mcfarland San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dwayne McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dwayne McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dwayne McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2457</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Dwayne McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dwayne McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Dwayne McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dwayne McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dwayne McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2458 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Dwayne McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dwayne McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dwayne McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tyler McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tyler McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2459 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Tyler McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Tyler McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tyler McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tyler McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tyler McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2460 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Tyler McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tyler McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tyler McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tyler McGee San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kedric McGowan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2461 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Kedric McGowan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kedric McGowan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kedric McGowan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kedric McGowan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kedric McGowan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2462</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Kedric McGowan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kedric McGowan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kedric McGowan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kedric McGowan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kedric McGowan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2463 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Tracey Mcguire San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Tracey Mcguire San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Tracey Mcguire San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Tracey Mcguire San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Tracey Mcguire San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2464 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Tracey Mcguire San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Tracey Mcguire San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Tracey Mcguire San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Tracey Mcguire San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Tracey Mcguire San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2465</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Tracey Mcguire San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	James Mcinerny San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Mcinerny San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Mcinerny San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	James Mcinerny San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2466</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	James Mcinerny San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	James Mcinerny San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	James Mcinerny San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	James Mcinerny San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	James Mcinerny San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2467 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	James Mcinerny San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James Mcinerny San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Mckay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Mckay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mark Mckay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2468</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Mark Mckay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mark Mckay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Mckay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Mckay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mark Mckay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2469</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Mark Mckay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Mckay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Mckay San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew McKibban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew McKibban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2470 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Matthew McKibban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Matthew McKibban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew McKibban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew McKibban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Matthew McKibban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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COM - Recipient Committee
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OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2471 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Matthew McKibban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Matthew McKibban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew McKibban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew McKibban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michaela McKinzie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2472</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Michaela McKinzie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michaela McKinzie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michaela McKinzie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michaela McKinzie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michaela McKinzie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2473 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Michaela McKinzie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michaela McKinzie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michaela McKinzie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michaela McKinzie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michaela McKinzie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2474</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Justin McLean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Justin McLean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Justin McLean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Justin McLean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Justin McLean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2475 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Justin McLean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Justin McLean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Justin McLean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Justin McLean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Justin McLean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2476</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Justin McLean San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tammy Mclemore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tammy Mclemore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tammy Mclemore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Tammy Mclemore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2477</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Tammy Mclemore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tammy Mclemore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tammy Mclemore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tammy Mclemore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tammy Mclemore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2478</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Tammy Mclemore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tammy Mclemore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Patrick McMullen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Patrick McMullen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Patrick McMullen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2479</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Patrick McMullen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Patrick McMullen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Patrick McMullen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Patrick McMullen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Patrick McMullen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2480 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Patrick McMullen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Patrick McMullen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Patrick McMullen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ryan McNinch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Ryan McNinch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2481</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Ryan Mcninch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Ryan Mcninch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Ryan Mcninch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Ryan Mcninch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Ryan Mcninch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2482 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ryan Mcninch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Ryan Mcninch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Ryan Mcninch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Ryan Mcninch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Gary Mcwilliams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2483 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Gary McWilliams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gary McWilliams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gary McWilliams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gary McWilliams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gary McWilliams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2484 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Gary McWilliams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gary McWilliams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gary McWilliams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gary McWilliams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gary McWilliams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2485</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Asiah Medawar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Asiah Medawar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Asiah Medawar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Asiah Medawar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Asiah Medawar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2486</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Asiah Medawar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Asiah Medawar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Asiah Medawar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Asiah Medawar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Asiah Medawar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2487</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Asiah Medawar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lee Medeiros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lee Medeiros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lee Medeiros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lee Medeiros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2488</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Lee Medeiros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lee Medeiros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lee Medeiros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lee Medeiros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lee Medeiros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2489</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Lee Medeiros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lee Medeiros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2490 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Daniel Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2491 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Daniel Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Javier Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Javier Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2492</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Javier Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Javier Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Javier Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Javier Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Javier Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2493 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Javier Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Javier Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Javier Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Javier Medina San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Mejia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2494</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Christopher Mejia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Mejia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Mejia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Mejia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Mejia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2495</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Christopher Mejia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Mejia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Mejia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Mejia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Mejia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2496 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Angel Melendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Angel Melendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Angel Melendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Angel Melendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Angel Melendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2497 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Angel Melendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Angel Melendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Angel Melendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Angel Melendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Angel Melendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2498 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Angel Melendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Salina Mellion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Salina Mellion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Salina Mellion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Salina Mellion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2499</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Salina Mellion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Salina Mellion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Salina Mellion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Salina Mellion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Salina Mellion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2500</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Salina Mellion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Salina Mellion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eric Mello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Mello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Mello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2501</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Eric Mello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eric Mello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Mello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Mello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2502 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Eric Mello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Mello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eric Mello San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kalvin Melvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kalvin Melvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2503 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2504</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Kalvin Melvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kalvin Melvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kalvin Melvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kalvin Melvin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Aaron Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2505 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Aaron Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Aaron Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Aaron Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Aaron Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Aaron Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2506 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Aaron Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Aaron Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Aaron Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Aaron Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Aaron Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2507</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Luis Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Luis Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Luis Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Luis Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Luis Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2508 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Luis Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Luis Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Luis Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Luis Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2509 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Luis Mendoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Katie Merrill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Katie Merrill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Katie Merrill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Katie Merrill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2510 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Katie Merrill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Katie Merrill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Katie Merrill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Katie Merrill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Katie Merrill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2511</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Katie Merrill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Katie Merrill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steve Metz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steve Metz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Steve Metz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2512</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Steve Metz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Steve Metz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steve Metz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steve Metz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Steve Metz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet)

Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2513 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Steve Metz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Steve Metz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steve Metz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Meyers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	John Meyers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2514 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	John Meyers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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10/17/2017	John Meyers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	John Meyers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2515</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/15/2017	John Meyers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	John Meyers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	John Meyers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Erica Meza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Erica Meza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2516</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Erica Meza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Erica Meza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Erica Meza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Erica Meza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Erica Meza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2517 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Erica Meza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Erica Meza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Erica Meza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Erica Meza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Melody Milani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2518 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Melody Milani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Melody Milani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Melody Milani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Melody Milani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Melody Milani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2519</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Melody Milani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Melody Milani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Melody Milani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Melody Milani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Melody Milani San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2520 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Noor Milbes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Noor Milbes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Noor Milbes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Noor Milbes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Noor Milbes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2521 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Noor Milbes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Noor Milbes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Noor Milbes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Noor Milbes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Noor Milbes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2522 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Noor Milbes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Alex Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alex Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alex Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alex Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2523 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Alex Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alex Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alex Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alex Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alex Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2524 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Alex Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alex Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Javier Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Javier Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Javier Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2525 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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8/22/2017	Javier Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Javier Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Javier Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Javier Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Javier Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2526 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Javier Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Javier Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Javier Millan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2527 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Mark Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mark Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mark Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2528 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Mark Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Melissa Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2529 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Melissa Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Melissa Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Melissa Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Melissa Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Melissa Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2530 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Melissa Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Melissa Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Melissa Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Melissa Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Melissa Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2531 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Michelle Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michelle Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michelle Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michelle Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michelle Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2532 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Michelle Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michelle Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michelle Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michelle Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michelle Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2533 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Michelle Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Von Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Von Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Von Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Von Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2534 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Von Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Von Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Von Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Von Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Von Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2535 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Von Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Von Miller San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jon Minard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jon Minard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jon Minard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2536</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jon Minard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jon Minard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jon Minard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jon Minard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jon Minard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2537 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jon Minard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jon Minard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jon Minard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Miner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Miner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2538</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michael Miner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Miner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Miner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Miner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Miner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet)

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2539 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Miner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Miner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Miner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Miner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Minix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2540</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Michael Minix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Minix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Minix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Minix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Minix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2541 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Michael Minix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Minix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Minix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Minix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Minix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2542</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Humberto Miranda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Humberto Miranda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Humberto Miranda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Humberto Miranda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Humberto Miranda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2543 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Humberto Miranda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Humberto Miranda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Humberto Miranda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Humberto Miranda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Humberto Miranda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2544</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Humberto Miranda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alisha Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alisha Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alisha Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alisha Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2545 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Alisha Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alisha Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alisha Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alisha Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alisha Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2546</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Alisha Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alisha Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Christopher Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Christopher Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2547 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Christopher Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Christopher Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Christopher Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Christopher Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Christopher Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2548</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Christopher Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Christopher Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Christopher Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Kirsten Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kirsten Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2549</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Kirsten Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kirsten Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kirsten Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kirsten Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kirsten Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2550 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Kirsten Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kirsten Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kirsten Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kirsten Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Laurel Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2551</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Laurel Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Laurel Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Laurel Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Laurel Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Laurel Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2552</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Laurel Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Laurel Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Laurel Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Laurel Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Laurel Mitchell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2553 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Christopher Moberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Christopher Moberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Christopher Moberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Christopher Moberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Christopher Moberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2554 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Christopher Moberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Christopher Moberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Christopher Moberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Christopher Moberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Christopher Moberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2555 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Christopher Moberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Marissa Modica San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marissa Modica San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Marissa Modica San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Marissa Modica San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2556 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Marissa Modica San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Marissa Modica San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Marissa Modica San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Marissa Modica San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Marissa Modica San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2557</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Marissa Modica San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Marissa Modica San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	George Moen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	George Moen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	George Moen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2558</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	George Moen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	George Moen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	George Moen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	George Moen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	George Moen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2559 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	George Moen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	George Moen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	George Moen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Mondragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Mondragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2560 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Richard Mondragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Mondragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Richard Mondragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Mondragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Mondragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2561 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Richard Mondragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Mondragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Richard Mondragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Mondragon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Mondry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2562 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Matthew Mondry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Mondry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Matthew Mondry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew Mondry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Mondry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2563</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Matthew Mondry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Matthew Mondry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Matthew Mondry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Mondry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Mondry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2564 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jeffrey Monroe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey Monroe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeffrey Monroe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeffrey Monroe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeffrey Monroe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2565 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jeffrey Monroe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeffrey Monroe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeffrey Monroe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeffrey Monroe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeffrey Monroe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2566</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jeffrey Monroe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Diana Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Diana Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Diana Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Diana Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2567 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Diana Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Diana Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Diana Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Diana Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Diana Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2568</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Diana Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Diana Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Victoria Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Victoria Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Victoria Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2569 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Victoria Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Victoria Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Victoria Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Victoria Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Victoria Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2570 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Victoria Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Victoria Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Victoria Monroy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alejandro Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Alejandro Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2571 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Alejandro Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Alejandro Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Alejandro Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Alejandro Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Alejandro Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2572 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Alejandro Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Alejandro Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Alejandro Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Alejandro Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Horacio Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2573 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Horacio Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/9/2017	Horacio Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/22/2017	Horacio Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
9/19/2017	Horacio Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/3/2017	Horacio Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2574 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Horacio Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/31/2017	Horacio Montalvo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/11/2017	Guilibaldo Montenegro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Guilibaldo Montenegro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Guilibaldo Montenegro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>	CALIFORNIA FORM 460
through <u>12/31/2017</u>	
Page <u>2575</u> of <u>4281</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Guilibaldo Montenegro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Guilibaldo Montenegro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Guilibaldo Montenegro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Guilibaldo Montenegro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Guilibaldo Montenegro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2576 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Guilibaldo Montenegro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Guilibaldo Montenegro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Guilibaldo Montenegro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Monica Montiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Monica Montiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2577</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Monica Montiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Monica Montiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Monica Montiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Monica Montiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Monica Montiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2578 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Monica Montiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Monica Montiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Monica Montiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Monica Montiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dominic Moody San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2579 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Dominic Moody San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dominic Moody San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dominic Moody San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dominic Moody San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Dominic Moody San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2580 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Dominic Moody San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dominic Moody San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dominic Moody San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dominic Moody San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dominic Moody San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2581</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Heather Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Heather Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Heather Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Heather Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Heather Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2582 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Heather Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Heather Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Heather Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Heather Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Heather Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2583 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Heather Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jesse Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jesse Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jesse Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jesse Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2584</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jesse Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jesse Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jesse Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jesse Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jesse Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2585</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jesse Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jesse Moon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Troy Mooradian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Troy Mooradian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Troy Mooradian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2586</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Troy Mooradian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Troy Mooradian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Troy Mooradian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Troy Mooradian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Troy Mooradian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2587</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Troy Mooradian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Troy Mooradian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Troy Mooradian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Anthony Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Anthony Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2588 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Anthony Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Anthony Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Anthony Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Anthony Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Anthony Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2589 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Anthony Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Anthony Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Anthony Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Anthony Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Clemente Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2590</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Clemente Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Clemente Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Clemente Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Clemente Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Clemente Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet)

Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2591 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Clemente Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Clemente Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Clemente Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Clemente Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Clemente Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2592 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	David Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2593</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	David Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2594</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	David Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joshua Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joshua Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joshua Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joshua Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2595 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Joshua Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joshua Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joshua Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joshua Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joshua Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2596 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Joshua Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joshua Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Maurice Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Maurice Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Maurice Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2597 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Maurice Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Maurice Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Maurice Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Maurice Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Maurice Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2598 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Maurice Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Maurice Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Maurice Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2599 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Robert Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2600</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Robert Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Scott Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2601 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Scott Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Scott Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Scott Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Scott Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Scott Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2602 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Scott Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Scott Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Scott Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Scott Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Scott Moore San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2603 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Joseph Mora San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joseph Mora San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Mora San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joseph Mora San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joseph Mora San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2604 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Joseph Mora San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joseph Mora San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Mora San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joseph Mora San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Mora San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2605 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Joseph Mora San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2606 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Christopher Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2607 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Christopher Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2608 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Michael Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2609 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Michael Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rex Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rex Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2610 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Rex Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rex Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rex Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rex Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rex Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2611</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Rex Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rex Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rex Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rex Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2612 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Richard Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Richard Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2613</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Richard Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Richard Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Morales San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2614 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	David Moratalla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Moratalla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Moratalla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Moratalla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Moratalla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2615 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	David Moratalla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Moratalla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Moratalla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Moratalla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Moratalla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2616</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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12/12/2017	David Moratalla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Audomero Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Audomero Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Audomero Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Audomero Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2617</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Audomero Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Audomero Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Audomero Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Audomero Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Audomero Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2618</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Audomero Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Audomero Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daphne Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daphne Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daphne Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2619</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Daphne Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daphne Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daphne Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daphne Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daphne Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2620</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Daphne Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daphne Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daphne Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Derek Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Derek Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2621 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Derek Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Derek Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Derek Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2622 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Derek Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Derek Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Derek Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Manuel Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2623 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Manuel Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Manuel Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Manuel Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Manuel Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Manuel Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2624 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Manuel Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Manuel Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Manuel Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Manuel Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Manuel Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2625</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Robert Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2626</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Robert Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2627 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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12/12/2017	Robert Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Victor Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Victor Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Victor Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Victor Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2628</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/3/2017	Victor Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Victor Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Victor Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Victor Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2629</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Victor Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Victor Moreno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Angelica Moreno-Heath San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Angelica Moreno-Heath San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Angelica Moreno-Heath San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2630</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Angelica Moreno-Heath San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Angelica Moreno-Heath San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Angelica Moreno-Heath San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Angelica Moreno-Heath San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Angelica Moreno-Heath San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2631</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Angelica Moreno-Heath San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Angelica Moreno-Heath San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Angelica Moreno-Heath San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sara Morning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sara Morning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2632 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Sara Morning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sara Morning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sara Morning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sara Morning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sara Morning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2633 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Sara Morning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sara Morning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sara Morning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sara Morning San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Claude Morris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2634</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Claude Morris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Claude Morris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Claude Morris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Claude Morris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Claude Morris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2635</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Claude Morris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Claude Morris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Claude Morris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Claude Morris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Claude Morris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2636 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jennifer Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jennifer Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jennifer Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jennifer Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jennifer Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2637 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jennifer Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jennifer Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jennifer Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jennifer Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jennifer Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2638 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jennifer Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marvin Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marvin Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Marvin Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Marvin Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2639 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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10/3/2017	Marvin Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Marvin Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Marvin Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Marvin Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2640 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Marvin Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Marvin Morton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ezekiel Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ezekiel Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ezekiel Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2641 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Ezekiel Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ezekiel Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ezekiel Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ezekiel Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ezekiel Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2642</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Ezekiel Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ezekiel Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ezekiel Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2643 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michael Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2644 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Moseley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shanay Mosley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2645 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Shanay Mosley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/9/2017	Shanay Mosley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/22/2017	Shanay Mosley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
9/19/2017	Shanay Mosley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/3/2017	Shanay Mosley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2646</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Shanay Mosley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	Antonio Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Antonio Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Antonio Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Antonio Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2647 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Antonio Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Antonio Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Antonio Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Antonio Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Antonio Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2648</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Antonio Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Antonio Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jesse Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jesse Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jesse Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2649 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jesse Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jesse Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jesse Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jesse Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jesse Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2650 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jesse Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jesse Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jesse Mosqueda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeffrey Moss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey Moss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2651 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jeffrey Moss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeffrey Moss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeffrey Moss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeffrey Moss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeffrey Moss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2652 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jeffrey Moss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeffrey Moss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeffrey Moss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeffrey Moss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brendan Motley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2653</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Brendan Motley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brendan Motley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brendan Motley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brendan Motley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brendan Motley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2654</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Brendan Motley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brendan Motley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brendan Motley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brendan Motley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brendan Motley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2655</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Gabriela Moya San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gabriela Moya San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gabriela Moya San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gabriela Moya San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gabriela Moya San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2656 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Gabriela Moya San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gabriela Moya San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gabriela Moya San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gabriela Moya San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gabriela Moya San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2657 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Gabriela Moya San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Moyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Moyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Moyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Moyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2658 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	David Moyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Moyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Moyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Moyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Moyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2659 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	David Moyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Moyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Zackary Mullennix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Zackary Mullennix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Zackary Mullennix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2660</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Zackary Mullennix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Zackary Mullennix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Zackary Mullennix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Zackary Mullennix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Zackary Mullennix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2661 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/15/2017	Zackary Mullennix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Zackary Mullennix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Zackary Mullennix San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Mulligan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Mulligan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2662</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Christopher Mulligan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Mulligan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Mulligan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Mulligan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Mulligan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2663</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Christopher Mulligan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Mulligan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Mulligan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Mulligan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lucas Mullinax San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2664 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Lucas Mullinax San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lucas Mullinax San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lucas Mullinax San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lucas Mullinax San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lucas Mullinax San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2665 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Lucas Mullinax San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lucas Mullinax San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lucas Mullinax San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lucas Mullinax San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lucas Mullinax San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2666</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Erik Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Erik Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Erik Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Erik Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Erik Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2667 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Erik Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Erik Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Erik Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Erik Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Erik Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2668</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Erik Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Fernando Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Fernando Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Fernando Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Fernando Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2669 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Fernando Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Fernando Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Fernando Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Fernando Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Fernando Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2670 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Fernando Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Fernando Munoz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christine Murillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christine Murillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christine Murillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2671</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Christine Murillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christine Murillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christine Murillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christine Murillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christine Murillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2672</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Christine Murillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christine Murillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christine Murillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marcus Murray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marcus Murray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2673 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Marcus Murray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Marcus Murray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Marcus Murray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Marcus Murray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Marcus Murray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2674 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Marcus Murray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Marcus Murray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Marcus Murray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Marcus Murray San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Teiyana Muse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2675 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Teiyana Muse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Teiyana Muse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Teiyana Muse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Teiyana Muse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Teiyana Muse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2676 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Teiyana Muse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Teiyana Muse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Teiyana Muse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Teiyana Muse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Teiyana Muse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2677 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Justin Musella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Justin Musella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Justin Musella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Justin Musella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Justin Musella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2678 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Justin Musella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Justin Musella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Justin Musella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Justin Musella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Justin Musella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2679</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Justin Musella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lisa Myers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lisa Myers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lisa Myers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lisa Myers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2680 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Lisa Myers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lisa Myers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lisa Myers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lisa Myers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lisa Myers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2681</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Lisa Myers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lisa Myers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gregory Myler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gregory Myler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gregory Myler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2682</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Gregory Myler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gregory Myler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gregory Myler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gregory Myler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gregory Myler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2683 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Gregory Myler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gregory Myler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gregory Myler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kyle Myrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kyle Myrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2684 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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8/9/2017	Kyle Myrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kyle Myrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kyle Myrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kyle Myrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kyle Myrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2685 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Kyle Myrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kyle Myrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kyle Myrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kyle Myrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cheryl Nagy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2686</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Cheryl Nagy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cheryl Nagy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cheryl Nagy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cheryl Nagy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cheryl Nagy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2687</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Cheryl Nagy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cheryl Nagy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cheryl Nagy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cheryl Nagy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cheryl Nagy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2688 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Timothy Nancarrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Timothy Nancarrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Timothy Nancarrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Timothy Nancarrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Timothy Nancarrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2689</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Timothy Nancarrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Timothy Nancarrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Timothy Nancarrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Timothy Nancarrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Timothy Nancarrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2690 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Timothy Nancarrow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alexander Naoum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alexander Naoum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alexander Naoum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alexander Naoum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2691</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Alexander Naoum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alexander Naoum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alexander Naoum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alexander Naoum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alexander Naoum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2692 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Alexander Naoum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alexander Naoum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Randy Naquin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Randy Naquin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Randy Naquin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2693 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Randy Naquin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Randy Naquin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Randy Naquin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Randy Naquin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Randy Naquin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2694 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Randy Naquin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Randy Naquin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Randy Naquin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ralph Naso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ralph Naso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2695 of 4281
		I.D. Number 1343640

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8/9/2017	Ralph Naso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ralph Naso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ralph Naso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ralph Naso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ralph Naso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2696</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ralph Naso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ralph Naso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ralph Naso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ralph Naso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bogdan Nastase San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2697 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Bogdan Nastase San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Bogdan Nastase San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Bogdan Nastase San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Bogdan Nastase San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Bogdan Nastase San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2698</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Bogdan Nastase San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Bogdan Nastase San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Bogdan Nastase San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Bogdan Nastase San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bogdan Nastase San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2699 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Gerania Navarro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gerania Navarro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gerania Navarro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gerania Navarro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gerania Navarro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2700</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Gerania Navarro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gerania Navarro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gerania Navarro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gerania Navarro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gerania Navarro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2701</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Gerania Navarro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jacob Naylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jacob Naylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jacob Naylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jacob Naylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2702</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jacob Naylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jacob Naylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jacob Naylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jacob Naylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jacob Naylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2703</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jacob Naylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jacob Naylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Necochea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joseph Necochea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Necochea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2704 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Joseph Necochea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joseph Necochea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joseph Necochea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joseph Necochea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Necochea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2705 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Joseph Necochea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Necochea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Necochea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kristina Neff-Fergot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kristina Neff-Fergot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2706</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Kristina Neff-Fergot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kristina Neff-Fergot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kristina Neff-Fergot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kristina Neff-Fergot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kristina Neff-Fergot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2707 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Kristina Neff-Fergot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kristina Neff-Fergot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kristina Neff-Fergot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kristina Neff-Fergot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Noel Negron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2708 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Noel Negron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Noel Negron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Noel Negron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Noel Negron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Noel Negron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2709</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Noel Negron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Noel Negron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Noel Negron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Noel Negron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Noel Negron San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2710 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Michael Nehls San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/20/2017	Michael Nehls San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/9/2017	Michael Nehls San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/22/2017	Michael Nehls San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
9/19/2017	Michael Nehls San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2711 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Michael Nehls San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/17/2017	Michael Nehls San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/31/2017	Michael Nehls San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/15/2017	Michael Nehls San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/28/2017	Michael Nehls San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2712 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Michael Nehls San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	Elie Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Elie Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Elie Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Elie Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2713 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Elie Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Elie Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Elie Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Elie Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Elie Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2714 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Elie Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Elie Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2715 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Robert Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2716</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Robert Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Nelson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ryan Nerenberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Nerenberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2717 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Ryan Nerenberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ryan Nerenberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ryan Nerenberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ryan Nerenberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ryan Nerenberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2718 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ryan Nerenberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ryan Nerenberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Nerenberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ryan Nerenberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shawn Nevin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2719 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Shawn Nevin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shawn Nevin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shawn Nevin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shawn Nevin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shawn Nevin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2720 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Shawn Nevin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shawn Nevin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shawn Nevin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shawn Nevin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shawn Nevin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2721</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Trevis Newport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Trevis Newport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Trevis Newport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Trevis Newport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Trevis Newport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2722 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Trevis Newport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Trevis Newport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Trevis Newport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Trevis Newport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Trevis Newport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2723</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Trevis Newport San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Todd Newton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Todd Newton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Todd Newton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Todd Newton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2724 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Todd Newton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Todd Newton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Todd Newton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Todd Newton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Todd Newton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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COM - Recipient Committee
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OTH - Other

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2725</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Todd Newton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Todd Newton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jerry Nguyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jerry Nguyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jerry Nguyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2726 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jerry Nguyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jerry Nguyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jerry Nguyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jerry Nguyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jerry Nguyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2727</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jerry Nguyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jerry Nguyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jerry Nguyen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gaetano Nicassio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gaetano Nicassio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2728</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Gaetano Nicassio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gaetano Nicassio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gaetano Nicassio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gaetano Nicassio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gaetano Nicassio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2729 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Gaetano Nicassio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gaetano Nicassio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gaetano Nicassio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gaetano Nicassio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Charles Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2730</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Charles Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Charles Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Charles Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Charles Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Charles Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2731</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Charles Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Charles Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Charles Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Charles Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Charles Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2732 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Timothy Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Timothy Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Timothy Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Timothy Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Timothy Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2733</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Timothy Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Timothy Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Timothy Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Timothy Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Timothy Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2734</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Timothy Nichols San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lucas Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lucas Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lucas Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lucas Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2735 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Lucas Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lucas Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lucas Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lucas Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lucas Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2736</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Lucas Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lucas Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tyson Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tyson Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tyson Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2737 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Tyson Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tyson Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tyson Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tyson Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tyson Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2738 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Tyson Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tyson Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tyson Niles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Scott Nobles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Scott Nobles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2739 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Scott Nobles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Scott Nobles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Scott Nobles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Scott Nobles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Scott Nobles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2740 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Scott Nobles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Scott Nobles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Scott Nobles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Scott Nobles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ryan Norkunas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2741 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Ryan Norkunas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ryan Norkunas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ryan Norkunas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ryan Norkunas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ryan Norkunas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2742</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Ryan Norkunas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ryan Norkunas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ryan Norkunas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Norkunas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ryan Norkunas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2743 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Cody Norris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Cody Norris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cody Norris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cody Norris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cody Norris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2744 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Cody Norris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Cody Norris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cody Norris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cody Norris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cody Norris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2745 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Cody Norris San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeffrey Notaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey Notaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeffrey Notaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeffrey Notaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2746 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jeffrey Notaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeffrey Notaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeffrey Notaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeffrey Notaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeffrey Notaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2747 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jeffrey Notaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeffrey Notaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Nuci San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Nuci San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Nuci San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2748</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Daniel Nuci San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Nuci San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Nuci San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Nuci San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Nuci San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2749 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Daniel Nuci San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Nuci San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Nuci San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Catherine Nwosu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Catherine Nwosu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2750 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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8/9/2017	Catherine Nwosu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Catherine Nwosu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Catherine Nwosu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Catherine Nwosu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Catherine Nwosu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2751 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/31/2017	Catherine Nwosu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Catherine Nwosu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Catherine Nwosu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Catherine Nwosu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Edward Nyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2752 of 4281

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NAME OF FILER

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7/20/2017	Edward Nyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Edward Nyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Edward Nyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Edward Nyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Edward Nyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2753</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Edward Nyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Edward Nyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Edward Nyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Edward Nyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Edward Nyberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2754 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Robert Oakleaf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Oakleaf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Oakleaf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Oakleaf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Oakleaf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2755 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Robert Oakleaf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Oakleaf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Oakleaf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Oakleaf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Oakleaf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2756 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Robert Oakleaf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Obrien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Obrien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Obrien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Obrien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2757 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Michael Obrien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Obrien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Obrien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Obrien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Obrien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2758 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Michael Obrien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Obrien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Odien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Odien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Odien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2759 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Christopher Odien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Odien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Odien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Odien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Odien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2760 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Christopher Odien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Odien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Odien San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Ogas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Ogas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2761 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Brian Ogas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Ogas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Ogas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Ogas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Ogas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2762</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Brian Ogas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Ogas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Ogas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Ogas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eric Ogaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2763</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Eric Ogaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Ogaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eric Ogaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Ogaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eric Ogaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2764</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Eric Ogaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Ogaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Ogaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Ogaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eric Ogaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2765 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Sarkis Ohannessian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sarkis Ohannessian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sarkis Ohannessian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sarkis Ohannessian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sarkis Ohannessian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2766 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Sarkis Ohannessian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sarkis Ohannessian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sarkis Ohannessian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sarkis Ohannessian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sarkis Ohannessian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2767 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Sarkis Ohannessian San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mathew Okey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mathew Okey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mathew Okey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mathew Okey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2768 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Mathew Okey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mathew Okey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mathew Okey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mathew Okey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mathew Okey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2769 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Mathew Okey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mathew Okey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Glenn Olalia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Glenn Olalia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Glenn Olalia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2770 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Glenn Olalia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Glenn Olalia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Glenn Olalia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Glenn Olalia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Glenn Olalia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2771 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Glenn Olalia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Glenn Olalia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Glenn Olalia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Elizabeth Oldfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Elizabeth Oldfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2772 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Elizabeth Oldfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Elizabeth Oldfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Elizabeth Oldfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Elizabeth Oldfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Elizabeth Oldfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2773 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Elizabeth Oldfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Elizabeth Oldfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Elizabeth Oldfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Elizabeth Oldfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Fernondo Olgin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2774 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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7/20/2017	Fernondo Olgin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Fernondo Olgin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Fernondo Olgin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Fernondo Olgin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Fernondo Olgin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2775 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Fernondo Olgin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Fernondo Olgin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Fernondo Olgin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Fernondo Olgin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Fernondo Olgin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2776 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jeanette Oliva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeanette Oliva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeanette Oliva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Jeanette Oliva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2777 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2778 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2779 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2780</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Josue Olivares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2781 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2782 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Josue Olivares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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7/11/2017	Rene Olivares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2783 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2784 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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12/12/2017	Rene Olivares San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cristina Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2785</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2786</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/17/2017	Cristina Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cristina Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cristina Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cristina Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cristina Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2787</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Sonia Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sonia Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sonia Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sonia Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sonia Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2788 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Sonia Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sonia Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sonia Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sonia Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sonia Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2789 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Sonia Olivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Edward Oliveros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Edward Oliveros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Edward Oliveros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Edward Oliveros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2790 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Edward Oliveros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Edward Oliveros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Edward Oliveros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Edward Oliveros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Edward Oliveros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2791 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Edward Oliveros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Edward Oliveros San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Anthony Onodera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Anthony Onodera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Anthony Onodera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2792 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Anthony Onodera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Anthony Onodera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Anthony Onodera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Anthony Onodera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Anthony Onodera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2793 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Anthony Onodera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Anthony Onodera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Emmanuel Onyekonwu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Emmanuel Onyekonwu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Emmanuel Onyekonwu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2794 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Emmanuel Onyekonwu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Emmanuel Onyekonwu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2795 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/15/2017	Emmanuel Onyekonwu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Emmanuel Onyekonwu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Emmanuel Onyekonwu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Antonio Ordaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Antonio Ordaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2796 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2797 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/15/2017	Antonio Ordaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Antonio Ordaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Antonio Ordaz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Orewyler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2798 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Richard Orewyler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Orewyler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Orewyler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Richard Orewyler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Orewyler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2799</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Richard Orewyler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Orewyler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Orewyler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Richard Orewyler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Orewyler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2800</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Andreas Ortega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Andreas Ortega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Andreas Ortega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Andreas Ortega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Andreas Ortega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2801</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Andreas Ortega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Andreas Ortega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Andreas Ortega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Andreas Ortega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Andreas Ortega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2802</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Andreas Ortega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bernabe Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Bernabe Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Bernabe Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Bernabe Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2803</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Bernabe Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Bernabe Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Bernabe Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Bernabe Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Bernabe Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2804 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Bernabe Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bernabe Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Carlos Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Carlos Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Carlos Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2805</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Carlos Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Carlos Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Carlos Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Carlos Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Carlos Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2806</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Carlos Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Carlos Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Carlos Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2807 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2808 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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8/22/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2809 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2810</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Pedro Ortiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2811</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Johanna Osinga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Johanna Osinga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Johanna Osinga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Johanna Osinga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Johanna Osinga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2812</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Johanna Osinga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Johanna Osinga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Johanna Osinga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Johanna Osinga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Johanna Osinga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2813 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Johanna Osinga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Otey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Otey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Otey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Otey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2814</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Michael Otey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Otey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Otey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Otey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Otey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2815</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Michael Otey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Otey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Otter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Otter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Otter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2816</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Brian Otter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Otter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Otter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Otter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Otter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2817</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Brian Otter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Otter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Otter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Aaron Outlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Aaron Outlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2818 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Aaron Outlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Aaron Outlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Aaron Outlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Aaron Outlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Aaron Outlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2819</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Aaron Outlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Aaron Outlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Aaron Outlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Aaron Outlaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kenneth Owens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2820 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Kenneth Owens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kenneth Owens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kenneth Owens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kenneth Owens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kenneth Owens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2821</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Kenneth Owens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kenneth Owens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kenneth Owens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kenneth Owens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kenneth Owens San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2822</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Anthony Padfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Anthony Padfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Anthony Padfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Anthony Padfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Anthony Padfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2823</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Anthony Padfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Anthony Padfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Anthony Padfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Anthony Padfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Anthony Padfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2824</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Anthony Padfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cameron Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Cameron Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cameron Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cameron Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2825</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Cameron Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cameron Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Cameron Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cameron Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cameron Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2826</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Cameron Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cameron Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gabriel Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gabriel Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gabriel Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2827 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Gabriel Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gabriel Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gabriel Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gabriel Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gabriel Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2828 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Gabriel Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gabriel Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gabriel Padilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Paganini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Paganini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2829 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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8/22/2017	Michael Paganini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Paganini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Paganini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Paganini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2830 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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10/31/2017	Michael Paganini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Paganini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Paganini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Paganini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2831</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	David Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2832 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	David Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2833 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Malcolm Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Malcolm Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Malcolm Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Malcolm Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Malcolm Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2834 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Malcolm Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Malcolm Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Malcolm Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Malcolm Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Malcolm Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2835 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Malcolm Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robb Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robb Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robb Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robb Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2836</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Robb Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robb Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robb Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robb Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robb Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2837 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Robb Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robb Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Wendy Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Wendy Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Wendy Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2838</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Wendy Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Wendy Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Wendy Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Wendy Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Wendy Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2839 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Wendy Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Wendy Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Wendy Page San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Reginald Pahia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Reginald Pahia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2840</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Reginald Pahia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Reginald Pahia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Reginald Pahia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Reginald Pahia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Reginald Pahia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2841 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Reginald Pahia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Reginald Pahia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Reginald Pahia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Reginald Pahia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Palomino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2842</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Joseph Palomino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Palomino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joseph Palomino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Joseph Palomino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2843</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Joseph Palomino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Palomino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2844 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Christopher Paredes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2845 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2846 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2847 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2848</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	John Parks San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2849 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2850</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/11/2017	Fred Parrish San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2851 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2852 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/11/2017	Joshua Parrott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2853 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2854 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Joshua Parrott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joshua Parrott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joshua Parrott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joshua Parrott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joshua Parrott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

***Contributor Codes**

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2855</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Angela Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Angela Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Angela Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Angela Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Angela Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2856 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Angela Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Angela Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Angela Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Angela Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2857 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Angela Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kelsey Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kelsey Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kelsey Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kelsey Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2858 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Kelsey Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kelsey Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kelsey Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kelsey Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2859</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Kelsey Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kelsey Parsons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Edward Partida San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Edward Partida San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Edward Partida San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2860 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Edward Partida San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Edward Partida San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Edward Partida San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Edward Partida San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2861</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Edward Partida San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Edward Partida San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Edward Partida San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nicholas Paslak San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Nicholas Paslak San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2862</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Nicholas Paslak San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Nicholas Paslak San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Nicholas Paslak San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2863 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Nicholas Paslak San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Nicholas Paslak San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2864</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2865 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Nicholas Patella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Nicholas Patella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Nicholas Patella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Nicholas Patella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Nicholas Patella San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2866</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Todd Paterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Todd Paterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Todd Paterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Todd Paterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Todd Paterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2867 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Todd Paterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Todd Paterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Todd Paterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Todd Paterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Emanuel Patino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2868 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Emanuel Patino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Emanuel Patino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Emanuel Patino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Emanuel Patino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Emanuel Patino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2869 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Emanuel Patino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Emanuel Patino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Emanuel Patino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Emanuel Patino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Emanuel Patino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2870</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jason Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jason Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2871</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jason Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jason Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2872 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jason Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joseph Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joseph Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2873</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Joseph Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joseph Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joseph Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joseph Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2874</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Joseph Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Patrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Donald Patton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Donald Patton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Donald Patton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2875 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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9/19/2017	Donald Patton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Donald Patton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Donald Patton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Donald Patton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2876</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/15/2017	Donald Patton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Donald Patton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Donald Patton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Edwin Paul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Edwin Paul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2877 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Edwin Paul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Edwin Paul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Edwin Paul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Edwin Paul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Edwin Paul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2878 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Edwin Paul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Edwin Paul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Edwin Paul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Edwin Paul San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Pearlman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2879 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Christopher Pearlman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Pearlman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Pearlman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Pearlman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Pearlman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet)

Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2880 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Christopher Pearlman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Pearlman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Pearlman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Pearlman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Pearlman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2881 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Derek Pedersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Derek Pedersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Derek Pedersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Derek Pedersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Derek Pedersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2882 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Derek Pedersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Derek Pedersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Derek Pedersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Derek Pedersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Derek Pedersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2883 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Derek Pedersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Pederson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Pederson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mark Pederson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mark Pederson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2884 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Mark Pederson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Pederson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Pederson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mark Pederson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Pederson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2885</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Mark Pederson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Pederson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Benjamin Pedroza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Benjamin Pedroza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Benjamin Pedroza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2886 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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8/22/2017	Benjamin Pedroza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Benjamin Pedroza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Benjamin Pedroza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Benjamin Pedroza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Benjamin Pedroza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2887 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Benjamin Pedroza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Benjamin Pedroza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Benjamin Pedroza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Osvaldo Pelayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Osvaldo Pelayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2888</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Osvaldo Pelayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Osvaldo Pelayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Osvaldo Pelayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Osvaldo Pelayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Osvaldo Pelayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2889 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Osvaldo Pelayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Osvaldo Pelayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Osvaldo Pelayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Osvaldo Pelayes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Oscar Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2890 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Oscar Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Oscar Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Oscar Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Oscar Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Oscar Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>2891</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Oscar Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Oscar Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Oscar Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Oscar Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Oscar Pelayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2892 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Arnulfo Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Arnulfo Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Arnulfo Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Arnulfo Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Arnulfo Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2893</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Arnulfo Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Arnulfo Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Arnulfo Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Arnulfo Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Arnulfo Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2894 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Arnulfo Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Henry Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Henry Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Henry Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Henry Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2895 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Henry Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Henry Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Henry Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Henry Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Henry Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2896</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Henry Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Henry Pena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alan Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alan Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alan Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2897 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Alan Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alan Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alan Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alan Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alan Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2898</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Alan Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alan Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alan Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steven Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2899 of 4281

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1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Steven Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Steven Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Steven Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steven Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steven Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2900</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Steven Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Steven Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Steven Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steven Pennington San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jamie Pepler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet)

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2901 of 4281
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jamie Peppler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jamie Peppler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jamie Peppler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jamie Peppler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jamie Peppler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2902 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jamie Peppler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jamie Peppler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jamie Peppler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jamie Peppler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jamie Peppler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2903</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Ryan Pepler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Pepler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ryan Pepler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ryan Pepler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ryan Pepler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2904 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Ryan Pepler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ryan Pepler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ryan Pepler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Pepler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2905 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Ryan Pepler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Walter Peraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Walter Peraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Walter Peraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Walter Peraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2906 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Walter Peraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Walter Peraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Walter Peraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Walter Peraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Walter Peraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2907 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Walter Peraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Walter Peraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joseph Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2908</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Joseph Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joseph Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joseph Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joseph Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2909 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

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11/15/2017	Joseph Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Wendy Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Wendy Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2910</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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8/9/2017	Wendy Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Wendy Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Wendy Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Wendy Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Wendy Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2911 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Wendy Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Wendy Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Wendy Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Wendy Perea San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alex Perenishko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2912 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Alex Perenishko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alex Perenishko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alex Perenishko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alex Perenishko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alex Perenishko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2913</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Alex Perenishko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alex Perenishko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alex Perenishko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alex Perenishko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alex Perenishko San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2914</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Candy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Candy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Candy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Candy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Candy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2915 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Candy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Candy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Candy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Candy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Candy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2916 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Candy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Delia Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Delia Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Delia Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Delia Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2917</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Delia Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Delia Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Delia Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Delia Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2918 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Delia Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Erik Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Erik Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2919</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Erik Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Erik Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Erik Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2920 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Erik Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Erik Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ernest Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2921</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2922</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ernest Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ernest Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ernest Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ernest Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Federico Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2923 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Federico Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Federico Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Federico Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Federico Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Federico Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2924 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Federico Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Federico Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Federico Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Federico Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Federico Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2925</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Freddy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Freddy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Freddy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Freddy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Freddy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2926</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Freddy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Freddy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Freddy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Freddy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Freddy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2927 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Freddy Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gabriel Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gabriel Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gabriel Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gabriel Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2928</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Gabriel Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gabriel Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gabriel Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gabriel Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2929 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Gabriel Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gabriel Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jennifer Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jennifer Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jennifer Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2930 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jennifer Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jennifer Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jennifer Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jennifer Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jennifer Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2931 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jennifer Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jennifer Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jennifer Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2932</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2933 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2934 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2935 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Jose Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2936 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/20/2017	Luis Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2937</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2938 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/11/2017	Marco Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2939 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2940 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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7/20/2017	Mariano Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Mariano Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2941 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2942 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/28/2017	Mariano Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Mariano Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Robert Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2943</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2944</u> of <u>4281</u>		I.D. Number 1343640

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11/15/2017	Robert Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ruben Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2945 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Ruben Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ruben Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ruben Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ruben Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ruben Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2946</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Ruben Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ruben Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ruben Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ruben Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ruben Perez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2947 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Cynthia Perez-Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Cynthia Perez-Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cynthia Perez-Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cynthia Perez-Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cynthia Perez-Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2948</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Cynthia Perez-Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Cynthia Perez-Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cynthia Perez-Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cynthia Perez-Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cynthia Perez-Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2949 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Cynthia Perez-Macias San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Perry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Perry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Perry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Perry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2950</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Richard Perry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Perry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Perry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Perry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Perry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2951</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Richard Perry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Perry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Persons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Persons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Persons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2952</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Brian Persons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Persons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Persons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Persons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Persons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2953 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Brian Persons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Persons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Persons San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kayla Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kayla Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2954 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Kayla Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kayla Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kayla Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kayla Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kayla Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2955</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Kayla Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kayla Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kayla Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kayla Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Terry Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2956</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Terry Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Terry Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Terry Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Terry Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Terry Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2957 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Terry Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Terry Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Terry Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Terry Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Terry Peters San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2958</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Charles Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Charles Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Charles Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Charles Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Charles Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2959 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Charles Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Charles Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Charles Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Charles Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Charles Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2960 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Charles Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2961</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Christopher Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2962</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Christopher Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kyle Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kyle Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kyle Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2963</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Kyle Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kyle Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kyle Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kyle Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kyle Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2964 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Kyle Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kyle Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kyle Petersen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Peterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew Peterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2965</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Matthew Peterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Matthew Peterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew Peterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Peterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Matthew Peterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2966 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Matthew Peterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Matthew Peterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Peterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Peterson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Chris Petruse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2967 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Chris Petruse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Chris Petruse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Chris Petruse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Chris Petruse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Chris Petruse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2968</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Chris Petruse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Chris Petruse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Chris Petruse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Chris Petruse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Chris Petruse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2969 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Komson Phaphui San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Komson Phaphui San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Komson Phaphui San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Komson Phaphui San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Komson Phaphui San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2970</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Komson Phaphui San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Komson Phaphui San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Komson Phaphui San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Komson Phaphui San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2971 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Komson Phaphui San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Phelps San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Phelps San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Phelps San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Phelps San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2972</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	David Phelps San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Phelps San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Phelps San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Phelps San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Phelps San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2973 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	David Phelps San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Phelps San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bobby Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Bobby Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Bobby Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2974</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Bobby Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Bobby Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Bobby Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Bobby Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Bobby Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2975</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Bobby Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Bobby Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bobby Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Charles Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Charles Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2976</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Charles Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Charles Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Charles Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Charles Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Charles Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2977</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/15/2017	Charles Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Charles Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Charles Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jacob Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2978 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/20/2017	Jacob Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jacob Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jacob Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jacob Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jacob Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2979</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jacob Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jacob Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jacob Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jacob Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jacob Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2980</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Lloyd Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lloyd Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lloyd Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lloyd Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lloyd Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2981 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Lloyd Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lloyd Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lloyd Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lloyd Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lloyd Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2982 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Lloyd Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shawn Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shawn Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shawn Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2983 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Shawn Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shawn Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shawn Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shawn Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2984 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Shawn Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shawn Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tramayne Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tramayne Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tramayne Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2985 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Tramayne Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tramayne Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tramayne Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tramayne Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tramayne Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2986 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Tramayne Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tramayne Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tramayne Phillips San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Pianalto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Pianalto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2987</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michael Pianalto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Pianalto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Pianalto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Pianalto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Pianalto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2988 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Pianalto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Pianalto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Pianalto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Pianalto San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Loraine Pinedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2989 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/20/2017	Loraine Pinedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Loraine Pinedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Loraine Pinedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Loraine Pinedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Loraine Pinedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2990 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Loraine Pinedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Loraine Pinedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Loraine Pinedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Loraine Pinedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Loraine Pinedo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2991 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Monica Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Monica Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Monica Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Monica Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Monica Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2992 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Monica Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Monica Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Monica Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Monica Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Monica Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2993 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Monica Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shannon Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shannon Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shannon Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shannon Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>2994</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Shannon Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shannon Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shannon Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shannon Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 2995 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Shannon Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shannon Pitts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Miguel Placencia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Miguel Placencia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Miguel Placencia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2996 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Miguel Placencia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Miguel Placencia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Miguel Placencia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Miguel Placencia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Miguel Placencia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>2997</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Miguel Placencia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Miguel Placencia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Miguel Placencia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Roger Planas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Roger Planas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>2998</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Roger Planas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 2999 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/15/2017	Roger Planas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Roger Planas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Roger Planas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Zakkary Planz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3000 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3001 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Zakkary Planz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Zakkary Planz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Zakkary Planz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Zakkary Planz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Zakkary Planz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3002 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	William Poe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	William Poe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	William Poe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	William Poe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	William Poe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3003 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	William Poe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	William Poe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	William Poe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	William Poe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	William Poe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3004 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	William Poe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Poertner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Poertner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Poertner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Poertner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3005 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	John Poertner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Poertner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Poertner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Poertner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Poertner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3006 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	John Poertner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Poertner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gina Poindexter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gina Poindexter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gina Poindexter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3007 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Gina Poindexter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gina Poindexter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gina Poindexter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gina Poindexter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gina Poindexter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3008 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Gina Poindexter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gina Poindexter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gina Poindexter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Andrew Pollick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Andrew Pollick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3009</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Andrew Pollick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Andrew Pollick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Andrew Pollick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Andrew Pollick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Andrew Pollick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3010 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Andrew Pollick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Andrew Pollick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Andrew Pollick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Andrew Pollick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3011</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Daniel Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daniel Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3012 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/17/2017	Daniel Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3013 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Shelly Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shelly Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shelly Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shelly Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shelly Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3014 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Shelly Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shelly Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shelly Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shelly Ponce San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3015</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Daniel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daniel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3016</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Daniel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3017 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Daniel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Emanuel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Emanuel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Emanuel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3018</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Emanuel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Emanuel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Emanuel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Emanuel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Emanuel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3019 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Emanuel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Emanuel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Emanuel Popa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kevin Pope San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kevin Pope San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3020</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Kevin Pope San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kevin Pope San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3021</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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11/28/2017	Kevin Pope San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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7/11/2017	Cody Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3022</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3023 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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11/15/2017	Cody Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Cody Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Cody Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3024 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	James Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	James Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	James Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3025 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	James Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	James Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	James Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	James Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	James Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3026</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	James Porter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Anthony Portillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Anthony Portillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Anthony Portillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Anthony Portillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3027 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Anthony Portillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Anthony Portillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Anthony Portillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Anthony Portillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Anthony Portillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3028 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Anthony Portillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Anthony Portillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Reed Powell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Reed Powell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Reed Powell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3029 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Reed Powell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Reed Powell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Reed Powell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Reed Powell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Reed Powell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3030</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Reed Powell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Reed Powell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Reed Powell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brad Powers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brad Powers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3031</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Brad Powers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brad Powers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brad Powers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brad Powers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3032 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Brad Powers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brad Powers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brad Powers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brad Powers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sheryl Poyorena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3033</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/9/2017	Sheryl Poyorena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Sheryl Poyorena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3034 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Sheryl Poyorena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sheryl Poyorena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sheryl Poyorena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sheryl Poyorena San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3035</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Cameron Pratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Cameron Pratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cameron Pratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cameron Pratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cameron Pratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3036</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Cameron Pratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Cameron Pratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cameron Pratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cameron Pratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cameron Pratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3037</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Cameron Pratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Juan Preciado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Juan Preciado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Juan Preciado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Juan Preciado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3038</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Juan Preciado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Juan Preciado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Juan Preciado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Juan Preciado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Juan Preciado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3039</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Juan Preciado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Juan Preciado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Edward Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Edward Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Edward Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3040 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Edward Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Edward Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Edward Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Edward Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Edward Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3041 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Edward Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Edward Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Edward Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Timothy Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Timothy Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3042</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Timothy Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Timothy Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Timothy Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Timothy Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Timothy Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3043 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Timothy Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Timothy Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Timothy Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Timothy Preston San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Price San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3044 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Daniel Price San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Daniel Price San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Daniel Price San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Daniel Price San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Daniel Price San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3045</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Daniel Price San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Daniel Price San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Daniel Price San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Daniel Price San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Daniel Price San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3046</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Zachary Pritchett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Zachary Pritchett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Zachary Pritchett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Zachary Pritchett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Zachary Pritchett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3047</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Zachary Pritchett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Zachary Pritchett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Zachary Pritchett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Zachary Pritchett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Zachary Pritchett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3048</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Zachary Pritchett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Harmony Pruett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Harmony Pruett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Harmony Pruett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Harmony Pruett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3049 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Harmony Pruett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Harmony Pruett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Harmony Pruett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Harmony Pruett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Harmony Pruett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3050 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Harmony Pruett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Harmony Pruett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Puente San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Puente San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Puente San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3051</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	John Puente San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Puente San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Puente San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Puente San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Puente San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3052 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	John Puente San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Puente San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Puente San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jaime Pulido San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jaime Pulido San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3053</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jaime Pulido San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jaime Pulido San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jaime Pulido San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jaime Pulido San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jaime Pulido San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3054</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jaime Pulido San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jaime Pulido San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jaime Pulido San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jaime Pulido San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Heshemu Purdom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3055</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Heshemu Purdom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Heshemu Purdom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Heshemu Purdom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Heshemu Purdom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Heshemu Purdom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3056 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Heshemu Purdom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Heshemu Purdom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Heshemu Purdom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Heshemu Purdom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Heshemu Purdom San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3057 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Carlos Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Carlos Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Carlos Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Carlos Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Carlos Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3058 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Carlos Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Carlos Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Carlos Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Carlos Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Carlos Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3059 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Carlos Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Vanayes Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Vanayes Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Vanayes Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Vanayes Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3060 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Vanayes Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Vanayes Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Vanayes Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Vanayes Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Vanayes Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3061 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Vanayes Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Vanayes Quezada San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Timothy Quick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Timothy Quick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Timothy Quick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3062 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Timothy Quick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Timothy Quick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Timothy Quick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Timothy Quick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Timothy Quick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3063</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Timothy Quick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Timothy Quick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Timothy Quick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Johana Quiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Johana Quiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3064</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Johana Quiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Johana Quiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Johana Quiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Johana Quiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Johana Quiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet)

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3065 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Johana Quiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Johana Quiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Johana Quiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Johana Quiles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nancy Quinn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3066 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Nancy Quinn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Nancy Quinn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Nancy Quinn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Nancy Quinn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Nancy Quinn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3067 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Nancy Quinn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Nancy Quinn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Nancy Quinn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Nancy Quinn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Nancy Quinn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3068 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Luis Quinones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Luis Quinones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Luis Quinones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Luis Quinones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Luis Quinones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3069</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Luis Quinones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Luis Quinones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Luis Quinones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Luis Quinones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Luis Quinones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3070 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Luis Quinones San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Phillip Quintal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Phillip Quintal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Phillip Quintal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Phillip Quintal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3071 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Phillip Quintal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Phillip Quintal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Phillip Quintal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Phillip Quintal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Phillip Quintal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3072 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Phillip Quintal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Phillip Quintal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jamie Quintana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jamie Quintana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jamie Quintana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3073</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jamie Quintana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jamie Quintana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jamie Quintana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jamie Quintana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jamie Quintana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3074 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jamie Quintana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jamie Quintana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jamie Quintana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Quintard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Quintard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3075</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Brian Quintard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Quintard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Quintard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Quintard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Quintard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3076</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Brian Quintard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Quintard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Quintard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Quintard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Claudia Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3077 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Claudia Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Claudia Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Claudia Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Claudia Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Claudia Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3078 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Claudia Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Claudia Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Claudia Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Claudia Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Claudia Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3079 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Joann Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joann Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joann Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joann Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joann Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3080 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Joann Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joann Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joann Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joann Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joann Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3081 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Joann Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3082</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Robert Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3083</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Robert Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Vicente Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Vicente Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Vicente Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3084 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Vicente Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Vicente Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Vicente Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Vicente Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Vicente Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3085 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Vicente Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Vicente Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Vicente Quiroz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Radeleff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Radeleff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3086 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jason Radeleff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Radeleff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jason Radeleff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason Radeleff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jason Radeleff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3087 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jason Radeleff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Radeleff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Radeleff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Radeleff San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nicole Rafter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3088</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Nicole Rafter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Nicole Rafter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Nicole Rafter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Nicole Rafter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Nicole Rafter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3089 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Nicole Rafter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Nicole Rafter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Nicole Rafter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Nicole Rafter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Nicole Rafter San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3090</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kaniz Rahman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kaniz Rahman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kaniz Rahman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kaniz Rahman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kaniz Rahman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3091 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kaniz Rahman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kaniz Rahman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kaniz Rahman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kaniz Rahman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kaniz Rahman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3092 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Kaniz Rahman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Albert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Albert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Albert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Albert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3093 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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10/3/2017	Albert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Albert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Albert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Albert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3094 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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12/12/2017	Albert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Andrue Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Andrue Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Andrue Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3095</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3096</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3097 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3098</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3099 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3100 of 4281

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NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3101</u> of <u>4281</u>		
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3102 of 4281

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San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/31/2017	Arturo Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Arturo Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Arturo Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Arturo Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3103 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Cynthia Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Cynthia Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Cynthia Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Cynthia Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Cynthia Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3104 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Cynthia Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Cynthia Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Cynthia Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Cynthia Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Cynthia Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3105</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Derek Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Derek Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Derek Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Derek Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Derek Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3106</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Derek Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Derek Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Derek Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Derek Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Derek Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3107 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Derek Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lesly Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lesly Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lesly Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lesly Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3108</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Lesly Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lesly Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lesly Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lesly Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lesly Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3109 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Lesly Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lesly Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mark Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3110</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Mark Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mark Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mark Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3111 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Mark Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3112 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michael Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3113 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3114</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Robert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3115</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Robert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3116 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Sergio Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Sergio Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Sergio Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Sergio Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Sergio Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3117 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Sergio Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Sergio Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3118 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3119</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3120 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/9/2017	Steven Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3121 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3122 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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11/28/2017	Steven Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steven Ramirez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alejandro Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alejandro Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3123 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3124 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/15/2017	Alejandro Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alejandro Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alejandro Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3125</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/20/2017	David Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3126 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	David Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3127 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Eric Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eric Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3128</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Eric Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3129</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Eric Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3130</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	John Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3131</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	John Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Michael Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Michael Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3132</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Michael Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Michael Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Michael Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3133 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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11/15/2017	Michael Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Michael Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Michael Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Oscar Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Oscar Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3134 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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10/3/2017	Oscar Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3135 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Oscar Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Oscar Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Oscar Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Oscar Ramos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Ramstad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3136</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/20/2017	Jonathan Ramstad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Ramstad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Ramstad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Jonathan Ramstad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3137</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jonathan Ramstad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Ramstad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Ramstad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Ramstad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Ramstad San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3138</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Travis Randolph San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Travis Randolph San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Travis Randolph San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Travis Randolph San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Travis Randolph San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3139 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Travis Randolph San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Travis Randolph San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Travis Randolph San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Travis Randolph San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Travis Randolph San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3140</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Travis Randolph San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Rangel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Rangel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Rangel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	James Rangel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3141</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	James Rangel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	James Rangel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	James Rangel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	James Rangel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	James Rangel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3142 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	James Rangel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James Rangel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ryan Rappisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Rappisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ryan Rappisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3143</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Ryan Rappisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ryan Rappisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ryan Rappisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ryan Rappisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ryan Rappisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3144 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Ryan Rappisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Rappisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ryan Rappisi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Patrick Rasmussen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Patrick Rasmussen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3145 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Patrick Rasmussen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Patrick Rasmussen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Patrick Rasmussen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Patrick Rasmussen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Patrick Rasmussen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3146 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/31/2017	Patrick Rasmussen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Patrick Rasmussen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Patrick Rasmussen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Patrick Rasmussen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Erisi Rattler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3147</u> of <u>4281</u> I.D. Number 1343640
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NAME OF FILER

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7/20/2017	Erisi Rattler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Erisi Rattler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Erisi Rattler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Erisi Rattler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Erisi Rattler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3148 of 4281

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1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Erisi Rattler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Erisi Rattler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Erisi Rattler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Erisi Rattler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Erisi Rattler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3149</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Richard Rauch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Rauch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Rauch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Rauch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Richard Rauch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3150 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Richard Rauch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Rauch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Rauch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Rauch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Richard Rauch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3151</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Richard Rauch San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Rayenhartz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Rayenhartz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Rayenhartz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Rayenhartz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet)

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3152 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	David Rayenhartz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Rayenhartz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Rayenhartz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Rayenhartz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3153 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	David Rayenhartz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Rayenhartz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cole Raynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Cole Raynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cole Raynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3154 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Cole Raynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cole Raynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cole Raynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Cole Raynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cole Raynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3155 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Cole Raynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cole Raynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cole Raynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robin Real San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robin Real San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3156 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Robin Real San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robin Real San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robin Real San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robin Real San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robin Real San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3157</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Robin Real San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robin Real San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robin Real San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robin Real San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Reardon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3158 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/20/2017	Michael Reardon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Reardon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Reardon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Reardon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Reardon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3159 of 4281

SEE INSTRUCTIONS ON REVERSE

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10/31/2017	Michael Reardon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Reardon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Reardon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Reardon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3160</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Eric Rebollar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Rebollar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Rebollar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eric Rebollar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Rebollar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3161</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Eric Rebollar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Rebollar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Rebollar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Rebollar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Rebollar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3162</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Eric Rebollar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeffrey Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/20/2017	Jeffrey Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/9/2017	Jeffrey Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/22/2017	Jeffrey Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3163</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Jeffrey Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/17/2017	Jeffrey Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/31/2017	Jeffrey Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/15/2017	Jeffrey Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3164 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Jeffrey Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	William Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	William Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	William Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3165 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	William Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	William Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	William Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	William Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3166 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	William Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	William Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	William Reece San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Latrice Reed San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Latrice Reed San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3167</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Latrice Reed San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3168 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Latrice Reed San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Latrice Reed San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Latrice Reed San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Russell Reese San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3169 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3170 of 4281

SEE INSTRUCTIONS ON REVERSE

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3171 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Chelsea Reid San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Chelsea Reid San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Chelsea Reid San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Chelsea Reid San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Chelsea Reid San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3172</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Chelsea Reid San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Chelsea Reid San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Chelsea Reid San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Chelsea Reid San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Chelsea Reid San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3173 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Chelsea Reid San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Shawn Reiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shawn Reiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shawn Reiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shawn Reiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3174</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Shawn Reiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shawn Reiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shawn Reiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shawn Reiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shawn Reiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3175</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Shawn Reiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shawn Reiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Renear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Renear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Renear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3176</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Daniel Renear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Renear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Renear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Renear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Renear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3177 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Daniel Renear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Renear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Renear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sylvia Renteria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/20/2017	Sylvia Renteria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3178 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Sylvia Renteria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/22/2017	Sylvia Renteria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
9/19/2017	Sylvia Renteria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/3/2017	Sylvia Renteria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/17/2017	Sylvia Renteria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3179</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Sylvia Renteria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/15/2017	Sylvia Renteria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/28/2017	Sylvia Renteria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
12/12/2017	Sylvia Renteria San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	Crystilyn Resendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3180 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Crystilyn Resendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Crystilyn Resendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Crystilyn Resendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Crystilyn Resendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Crystilyn Resendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3181</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Crystilyn Resendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Crystilyn Resendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Crystilyn Resendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Crystilyn Resendez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3182 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Corey Reveles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Corey Reveles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Corey Reveles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Corey Reveles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Corey Reveles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3183</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Corey Reveles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Corey Reveles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Corey Reveles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Corey Reveles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Corey Reveles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3184 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Corey Reveles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daniel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3185 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Daniel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3186 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Daniel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Edilberto Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Edilberto Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Edilberto Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3187</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Edilberto Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Edilberto Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Edilberto Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Edilberto Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Edilberto Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3188</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Edilberto Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Edilberto Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Edilberto Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Henry Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Henry Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3189 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Henry Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Henry Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Henry Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Henry Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Henry Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3190</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Henry Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Henry Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Henry Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Henry Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jessica Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3191</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jessica Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jessica Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jessica Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jessica Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jessica Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3192</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jessica Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jessica Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jessica Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jessica Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jessica Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3193</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Nicholas Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Nicholas Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Nicholas Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Nicholas Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Nicholas Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3194</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Nicholas Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Nicholas Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Nicholas Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Nicholas Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Nicholas Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3195 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Nicholas Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Osiel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Osiel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Osiel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Osiel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3196</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Osiel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Osiel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Osiel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Osiel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Osiel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3197</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Osiel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Osiel Reyes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeremiah Reynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeremiah Reynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeremiah Reynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3198</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jeremiah Reynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeremiah Reynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeremiah Reynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeremiah Reynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeremiah Reynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3199 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jeremiah Reynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeremiah Reynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeremiah Reynolds San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Reynoso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Reynoso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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COM - Recipient Committee
(other than PTY or SCC)
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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3200</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Mark Reynoso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mark Reynoso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mark Reynoso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Reynoso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Reynoso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3201 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Mark Reynoso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Reynoso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Reynoso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Reynoso San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kevin Riberich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3202 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Kevin Riberich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kevin Riberich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kevin Riberich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kevin Riberich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kevin Riberich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3203 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Kevin Riberich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kevin Riberich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kevin Riberich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kevin Riberich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kevin Riberich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3204</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Michael Richardson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Richardson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Richardson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Richardson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Richardson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3205 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Michael Richardson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Richardson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Richardson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Richardson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Richardson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

***Contributor Codes**

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3206</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Michael Richardson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Rios San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Rios San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mark Rios San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mark Rios San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3207 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Mark Rios San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Rios San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Rios San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mark Rios San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Rios San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3208</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Mark Rios San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Rios San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Ripley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Ripley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Ripley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3209 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Robert Ripley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Ripley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Ripley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Ripley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Ripley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3210</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Robert Ripley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Ripley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Ripley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3211 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jason Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jason Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jason Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3212</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jason Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kenneth Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3213</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Kenneth Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kenneth Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kenneth Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kenneth Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kenneth Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3214 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Kenneth Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kenneth Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kenneth Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kenneth Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kenneth Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3215 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Mauricio Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mauricio Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mauricio Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mauricio Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mauricio Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3216</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Mauricio Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mauricio Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mauricio Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mauricio Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mauricio Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3217 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Mauricio Rivas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steven Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Steven Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Steven Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3218</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Steven Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steven Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steven Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Steven Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Steven Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3219</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Steven Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steven Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tanairi Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tanairi Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tanairi Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3220 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Tanairi Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tanairi Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tanairi Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tanairi Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tanairi Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3221 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Tanairi Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tanairi Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tanairi Rivera San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Rizzardi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Rizzardi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3222</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jonathan Rizzardi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Rizzardi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Rizzardi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Rizzardi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Rizzardi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3223</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jonathan Rizzardi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Rizzardi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Rizzardi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Rizzardi San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Roberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3224</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jonathan Roberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Roberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Roberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Roberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Roberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3225</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jonathan Roberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Roberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Roberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Roberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Roberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3226 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Matthew Robert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew Robert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Robert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Matthew Robert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Matthew Robert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet)

Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3227 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Matthew Robert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Matthew Robert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Matthew Robert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Matthew Robert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Matthew Robert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3228</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Matthew Robert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Evan Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Evan Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Evan Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Evan Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3229</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Evan Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Evan Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Evan Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Evan Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Evan Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3230</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Evan Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Evan Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3231 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	John Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3232</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	John Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ty Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Ty Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3233</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Ty Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Ty Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Ty Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Ty Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Ty Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3234</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ty Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Ty Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Ty Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Ty Roberts San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Loron Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3235</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Loron Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Loron Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Loron Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Loron Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Loron Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3236 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Loron Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Loron Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Loron Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Loron Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3237</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Tara Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tara Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tara Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Tara Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tara Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3238</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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10/3/2017	Tara Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tara Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tara Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tara Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tara Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3239 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Tara Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Trenton Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Trenton Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Trenton Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Trenton Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3240</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Trenton Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Trenton Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Trenton Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Trenton Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Trenton Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3241</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Trenton Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Trenton Robinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Carlos Robles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Carlos Robles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Carlos Robles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3242</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Carlos Robles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Carlos Robles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Carlos Robles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Carlos Robles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Carlos Robles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3243</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Carlos Robles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Carlos Robles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Carlos Robles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Roche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Roche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3244 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michael Roche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Roche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Roche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Roche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Roche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3245 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Roche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Roche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Roche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Roche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Andrea Rochester San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3246 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Andrea Rochester San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Andrea Rochester San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Andrea Rochester San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Andrea Rochester San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Andrea Rochester San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3247</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Andrea Rochester San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Andrea Rochester San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Andrea Rochester San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Andrea Rochester San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Andrea Rochester San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3248</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jared Rodgers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jared Rodgers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jared Rodgers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jared Rodgers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jared Rodgers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3249 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jared Rodgers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jared Rodgers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jared Rodgers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jared Rodgers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jared Rodgers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3250 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jared Rodgers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Aaron Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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8/22/2017	Aaron Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3251 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Aaron Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3252 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3253 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Angel Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/31/2017	Angel Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3254 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Angel Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Angel Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Angel Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3255</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3256 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	David Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3257 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3258</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3259 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3260</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3261</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	David Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3262</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3263 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3264</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3265 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lynette Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lynette Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3266</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Lynette Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lynette Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lynette Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lynette Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lynette Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3267 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Lynette Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lynette Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lynette Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lynette Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3268</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Michael Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3269 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Michael Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3270</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Neal Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Neal Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Neal Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Neal Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Neal Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3271</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Neal Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Neal Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Neal Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Neal Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Neal Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3272</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Neal Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Oswaldo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Oswaldo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Oswaldo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Oswaldo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3273 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Oswaldo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Oswaldo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Oswaldo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Oswaldo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Oswaldo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3274</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Oswaldo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Oswaldo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ricardo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ricardo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ricardo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3275 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Ricardo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ricardo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ricardo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ricardo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ricardo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3276</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Ricardo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ricardo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ricardo Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steven Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3277</u> of 4281 I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Steven Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Steven Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Steven Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steven Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steven Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3278 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Steven Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Steven Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Steven Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steven Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Vanessa Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3279 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Vanessa Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Vanessa Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Vanessa Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Vanessa Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Vanessa Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3280 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Vanessa Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Vanessa Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Vanessa Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Vanessa Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Vanessa Rodriguez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3281</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Richard Rogers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Rogers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Richard Rogers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Rogers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Richard Rogers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3282</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Richard Rogers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Rogers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Richard Rogers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Rogers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Richard Rogers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3283</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Richard Rogers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3284 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	John Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3285</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	John Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sheri Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sheri Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sheri Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3286 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Sheri Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sheri Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sheri Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sheri Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sheri Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3287 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Sheri Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sheri Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sheri Rojas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jacob Rollins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Jacob Rollins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3288 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jacob Rollins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Jacob Rollins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Jacob Rollins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Jacob Rollins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Jacob Rollins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3289 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jacob Rollins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Jacob Rollins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Jacob Rollins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Jacob Rollins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Angelina Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3290</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Angelina Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Angelina Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Angelina Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Angelina Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Angelina Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3291</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Angelina Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Angelina Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Angelina Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Angelina Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Angelina Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3292 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Raymundo Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Raymundo Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Raymundo Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Raymundo Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Raymundo Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3293 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Raymundo Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Raymundo Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Raymundo Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Raymundo Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Raymundo Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3294</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Raymundo Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tony Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tony Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tony Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Tony Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3295</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Tony Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tony Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tony Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tony Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tony Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3296 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Tony Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tony Romero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Frank Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Frank Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Frank Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3297 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Frank Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Frank Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Frank Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Frank Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Frank Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3298</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Frank Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Frank Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Frank Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michelle Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michelle Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3299 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michelle Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michelle Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michelle Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michelle Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michelle Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3300</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michelle Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michelle Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michelle Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michelle Root San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Roper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3301</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Brian Roper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Roper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Roper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Roper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Roper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3302</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Brian Roper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Roper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Roper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Roper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Roper San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3303</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Alisha Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alisha Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alisha Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alisha Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alisha Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3304 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Alisha Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alisha Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alisha Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alisha Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alisha Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3305 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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12/12/2017	Alisha Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daniel Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3306</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Daniel Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3307</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Daniel Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Rosa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rene Rosas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rene Rosas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rene Rosas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3308</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Rene Rosas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rene Rosas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rene Rosas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rene Rosas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rene Rosas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3309</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Rene Rosas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rene Rosas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rene Rosas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eric Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3310 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Eric Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eric Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3311 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Eric Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eric Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3312</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Michael Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3313</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Michael Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3314</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Patrick Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Patrick Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Patrick Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Patrick Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Patrick Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3315</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Patrick Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Patrick Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Patrick Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Patrick Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Patrick Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3316</u> of <u>4281</u>		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Patrick Rose San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Rosenbaum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Rosenbaum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Rosenbaum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Rosenbaum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3317 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/3/2017	Jason Rosenbaum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jason Rosenbaum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason Rosenbaum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Rosenbaum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3318</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jason Rosenbaum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Rosenbaum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shawana Ross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
7/20/2017	Shawana Ross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
8/9/2017	Shawana Ross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3319 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Shawana Ross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
9/19/2017	Shawana Ross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
10/3/2017	Shawana Ross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
10/17/2017	Shawana Ross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
10/31/2017	Shawana Ross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3320 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Shawana Ross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
11/28/2017	Shawana Ross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
12/12/2017	Shawana Ross San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
7/11/2017	Michael Roth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Roth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3321 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michael Roth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Roth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Roth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Roth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Roth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3322 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Roth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Roth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Roth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Roth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Latasha Rubalcava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3323</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Latasha Rubalcava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Latasha Rubalcava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Latasha Rubalcava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Latasha Rubalcava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Latasha Rubalcava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3324 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Latasha Rubalcava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Latasha Rubalcava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Latasha Rubalcava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Latasha Rubalcava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Latasha Rubalcava San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3325</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Michael Rude San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Rude San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Rude San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Rude San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Rude San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3326</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Michael Rude San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Rude San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Rude San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Rude San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Rude San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3327</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Zachary Rugge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Zachary Rugge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Zachary Rugge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Zachary Rugge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3328 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/17/2017	Zachary Rugge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Zachary Rugge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3329 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Zachary Rugge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Jose Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jose Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jose Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jose Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3330 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jose Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jose Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jose Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jose Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jose Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3331</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jose Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jose Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Patty Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Patty Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Patty Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3332 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Patty Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Patty Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Patty Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Patty Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Patty Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3333 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Patty Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Patty Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Patty Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Raul Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Raul Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

***Contributor Codes**

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COM - Recipient Committee
(other than PTY or SCC)

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PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3334 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Raul Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Raul Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Raul Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Raul Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Raul Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3335</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Raul Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Raul Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Raul Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Sandra Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sandra Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3336</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Sandra Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sandra Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sandra Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sandra Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sandra Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3337</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Sandra Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sandra Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sandra Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sandra Ruiz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Samuel Rule San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3338</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Samuel Rule San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Samuel Rule San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Samuel Rule San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Samuel Rule San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Samuel Rule San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3339 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Samuel Rule San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Samuel Rule San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Samuel Rule San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Samuel Rule San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Samuel Rule San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3340 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	William Rundquist San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	William Rundquist San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	William Rundquist San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	William Rundquist San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	William Rundquist San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3341 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	William Rundquist San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	William Rundquist San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	William Rundquist San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	William Rundquist San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	William Rundquist San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3342 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	William Rundquist San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Donald Rusk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Donald Rusk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Donald Rusk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Donald Rusk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3343 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Donald Rusk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Donald Rusk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Donald Rusk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Donald Rusk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Donald Rusk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3344</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Donald Rusk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Donald Rusk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeffrey Russell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey Russell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeffrey Russell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3345 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jeffrey Russell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeffrey Russell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeffrey Russell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeffrey Russell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeffrey Russell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3346 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jeffrey Russell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeffrey Russell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeffrey Russell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Randy Ryder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Randy Ryder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3347 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Randy Ryder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Randy Ryder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Randy Ryder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Randy Ryder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Randy Ryder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3348</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Randy Ryder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Randy Ryder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Randy Ryder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Randy Ryder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Peter Saavedra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3349 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Peter Saavedra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Peter Saavedra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Peter Saavedra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Peter Saavedra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Peter Saavedra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3350 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Peter Saavedra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Peter Saavedra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Peter Saavedra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Peter Saavedra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Peter Saavedra San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3351 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Tiffany Saca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tiffany Saca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tiffany Saca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Tiffany Saca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tiffany Saca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3352</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Tiffany Saca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tiffany Saca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tiffany Saca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tiffany Saca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tiffany Saca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3353 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Tiffany Saca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jared Sacapano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jared Sacapano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jared Sacapano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jared Sacapano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3354</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jared Sacapano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jared Sacapano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jared Sacapano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jared Sacapano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jared Sacapano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3355</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jared Sacapano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jared Sacapano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bayron Sagastume San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Bayron Sagastume San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Bayron Sagastume San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3356 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Bayron Sagastume San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Bayron Sagastume San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Bayron Sagastume San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Bayron Sagastume San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Bayron Sagastume San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3357 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Bayron Sagastume San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Bayron Sagastume San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Bayron Sagastume San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Adam Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Adam Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3358 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Adam Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Adam Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Adam Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Adam Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Adam Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3359 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Adam Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Adam Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Adam Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Adam Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Adrian Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3360</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Adrian Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Adrian Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Adrian Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Adrian Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Adrian Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3361</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Adrian Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Adrian Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Adrian Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Adrian Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Adrian Saguan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3362 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Candelario Sahagun San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Candelario Sahagun San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Candelario Sahagun San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Candelario Sahagun San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Candelario Sahagun San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3363 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Candelario Sahagun San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Candelario Sahagun San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Candelario Sahagun San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Candelario Sahagun San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Candelario Sahagun San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3364 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Candelario Sahagun San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mario Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mario Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mario Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mario Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3365 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Mario Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mario Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mario Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mario Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mario Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3366 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Mario Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mario Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3367 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Michael Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3368 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Michael Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Salazar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rebecca Saldana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rebecca Saldana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3369 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Rebecca Saldana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rebecca Saldana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rebecca Saldana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rebecca Saldana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rebecca Saldana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3370 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Rebecca Saldana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rebecca Saldana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rebecca Saldana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rebecca Saldana San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Edward Salgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3371</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Edward Salgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Edward Salgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Edward Salgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Edward Salgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Edward Salgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet)

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3372 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Edward Salgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Edward Salgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Edward Salgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Edward Salgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Edward Salgado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3373</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jason Salinas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Salinas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Salinas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Salinas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jason Salinas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3374 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jason Salinas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jason Salinas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason Salinas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Salinas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Salinas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3375 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jason Salinas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Adam Salsberry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Adam Salsberry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Adam Salsberry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Adam Salsberry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3376</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Adam Salsberry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Adam Salsberry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Adam Salsberry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Adam Salsberry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Adam Salsberry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3377 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Adam Salsberry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Adam Salsberry San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Salyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Salyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Salyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3378 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	David Salyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Salyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Salyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Salyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Salyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3379 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	David Salyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Salyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Salyer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alberto Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alberto Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3380 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Alberto Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alberto Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alberto Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alberto Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alberto Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3381 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Alberto Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alberto Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alberto Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alberto Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Anthony Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3382</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Anthony Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Anthony Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Anthony Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Anthony Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Anthony Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3383 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Anthony Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Anthony Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Anthony Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Anthony Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Anthony Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3384</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/11/2017	Candace Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Candace Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Candace Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Candace Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Candace Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3385 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/3/2017	Candace Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Candace Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Candace Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Candace Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Candace Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3386</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Candace Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Clifford Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Clifford Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Clifford Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Clifford Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3387</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Clifford Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Clifford Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Clifford Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Clifford Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Clifford Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3388 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Clifford Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Clifford Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Edgar Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Edgar Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Edgar Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3389 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Edgar Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Edgar Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Edgar Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Edgar Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Edgar Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3390 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Edgar Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Edgar Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Edgar Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Henry Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Henry Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3391</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Henry Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Henry Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Henry Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Henry Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Henry Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3392 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Henry Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Henry Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Henry Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Henry Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Raymond Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3393</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Raymond Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Raymond Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Raymond Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Raymond Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Raymond Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3394 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Raymond Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Raymond Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Raymond Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Raymond Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Raymond Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3395 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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7/11/2017	Tiffany Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tiffany Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tiffany Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Tiffany Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tiffany Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3396 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/3/2017	Tiffany Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tiffany Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tiffany Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Tiffany Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Tiffany Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3397 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Tiffany Sanchez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Sanders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Sanders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Sanders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Sanders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3398</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Christopher Sanders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Sanders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Sanders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Sanders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Sanders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3399</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Christopher Sanders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Sanders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joel Sandles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Joel Sandles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Joel Sandles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3400 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Joel Sandles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Joel Sandles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Joel Sandles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Joel Sandles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Joel Sandles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3401 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Joel Sandles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Joel Sandles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Joel Sandles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Michael Sandlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Sandlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3402 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michael Sandlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Sandlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Sandlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Sandlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Sandlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3403 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Sandlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Sandlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Sandlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Sandlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kristin Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3404 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Kristin Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/9/2017	Kristin Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/22/2017	Kristin Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
9/19/2017	Kristin Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/3/2017	Kristin Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3405 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Kristin Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/31/2017	Kristin Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/11/2017	Luis Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Luis Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Luis Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3406</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Luis Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Luis Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Luis Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Luis Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Luis Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3407 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Luis Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Luis Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Luis Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mark Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3408 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Mark Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mark Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mark Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mark Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3409</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Mark Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mark Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Vanessa Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3410 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Vanessa Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Vanessa Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Vanessa Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Vanessa Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Vanessa Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3411 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Vanessa Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Vanessa Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Vanessa Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Vanessa Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Vanessa Sandoval San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3412 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Raymond Santiago San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Raymond Santiago San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Raymond Santiago San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Raymond Santiago San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Raymond Santiago San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3413</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Raymond Santiago San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Raymond Santiago San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Raymond Santiago San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Raymond Santiago San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Raymond Santiago San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3414</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Raymond Santiago San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Krystal Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Krystal Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Krystal Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Krystal Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3415</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Krystal Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Krystal Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Krystal Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Krystal Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Krystal Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3416</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Krystal Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Krystal Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ruth Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ruth Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ruth Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3417 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Ruth Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ruth Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ruth Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ruth Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ruth Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3418 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Ruth Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ruth Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ruth Santos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Arther Satterwhite III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Arther Satterwhite III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3419</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/9/2017	Arther Satterwhite III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Arther Satterwhite III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Arther Satterwhite III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Arther Satterwhite III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Arther Satterwhite III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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IND - Individual
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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3420 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Arther Satterwhite III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Arther Satterwhite III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Arther Satterwhite III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Arther Satterwhite III San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Christine Saunders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3421</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Christine Saunders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christine Saunders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christine Saunders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christine Saunders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christine Saunders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3422 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Christine Saunders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christine Saunders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christine Saunders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christine Saunders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christine Saunders San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3423 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Bill Savage San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Bill Savage San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Bill Savage San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Bill Savage San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Bill Savage San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3424 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Bill Savage San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Bill Savage San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Bill Savage San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Bill Savage San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Bill Savage San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3425 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Bill Savage San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Anthony Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Anthony Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Anthony Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Anthony Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3426</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Anthony Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Anthony Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Anthony Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Anthony Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Anthony Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3427</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Anthony Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Anthony Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3428 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	John Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3429 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	John Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Scalise San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Paul Schaefer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Schaefer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3430</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Paul Schaefer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Paul Schaefer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Paul Schaefer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Paul Schaefer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3431 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Paul Schaefer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Paul Schaefer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paul Schaefer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Schaefer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gary Scheidemantle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3432</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Gary Scheidemantle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gary Scheidemantle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gary Scheidemantle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gary Scheidemantle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gary Scheidemantle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3433</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Gary Scheidemantle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gary Scheidemantle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gary Scheidemantle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gary Scheidemantle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gary Scheidemantle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3434 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Lynda Scherer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lynda Scherer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lynda Scherer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lynda Scherer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lynda Scherer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3435 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Lynda Scherer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lynda Scherer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lynda Scherer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lynda Scherer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lynda Scherer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3436 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Lynda Scherer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Zachary Schirmbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Zachary Schirmbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Zachary Schirmbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Zachary Schirmbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3437</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Zachary Schirmbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Zachary Schirmbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Zachary Schirmbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Zachary Schirmbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Zachary Schirmbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3438 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Zachary Schirmbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Zachary Schirmbeck San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Charles Schivley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Charles Schivley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Charles Schivley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3439</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Charles Schivley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Charles Schivley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Charles Schivley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Charles Schivley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Charles Schivley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3440</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Charles Schivley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Charles Schivley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Charles Schivley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Schlegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Schlegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3441</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michael Schlegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Schlegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Schlegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Schlegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Schlegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3442 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Schlegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Schlegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Schlegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Schlegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nancy Schlotthauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3443 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Nancy Schlotthauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Nancy Schlotthauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Nancy Schlotthauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Nancy Schlotthauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Nancy Schlotthauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3444 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Nancy Schlotthauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Nancy Schlotthauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Nancy Schlotthauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Nancy Schlotthauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Nancy Schlotthauer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3445</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Roland Schmiedel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Roland Schmiedel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Roland Schmiedel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Roland Schmiedel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Roland Schmiedel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3446 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Roland Schmiedel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Roland Schmiedel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Roland Schmiedel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Roland Schmiedel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Roland Schmiedel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3447 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Roland Schmiedel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Schroeder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Schroeder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Schroeder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Schroeder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3448 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jason Schroeder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason Schroeder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jason Schroeder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason Schroeder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Schroeder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3449 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jason Schroeder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Schroeder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Schrotberger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jason Schrotberger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Schrotberger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3450</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jason Schrotberger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jason Schrotberger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason Schrotberger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jason Schrotberger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason Schrotberger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3451</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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11/15/2017	Jason Schrotberger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Schrotberger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Schrotberger San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Chad Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Chad Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3452</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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8/22/2017	Chad Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Chad Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Chad Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Chad Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3453</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Chad Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Chad Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Chad Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Chad Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3454 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jonathan Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3455 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jonathan Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3456 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kyle Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Kyle Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Kyle Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Kyle Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Kyle Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3457</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kyle Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Kyle Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Kyle Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Kyle Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Kyle Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3458</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Kyle Schuler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Adam Schultz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Adam Schultz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Adam Schultz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Adam Schultz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3459 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Adam Schultz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Adam Schultz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Adam Schultz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Adam Schultz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Adam Schultz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3460 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Adam Schultz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Adam Schultz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alfred Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alfred Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alfred Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3461 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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8/22/2017	Alfred Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alfred Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alfred Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alfred Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alfred Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3462 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Alfred Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alfred Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alfred Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Howard Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Howard Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3463 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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8/22/2017	Howard Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Howard Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Howard Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3464 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/15/2017	Howard Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Howard Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Howard Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Larry Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3465</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Larry Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Larry Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Larry Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Larry Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Larry Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3466</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Larry Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Larry Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Larry Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Larry Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Larry Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3467 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Lindsey Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lindsey Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lindsey Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lindsey Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lindsey Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3468</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Lindsey Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lindsey Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lindsey Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lindsey Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lindsey Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3469 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Lindsey Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Loren Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Loren Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Loren Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Loren Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3470 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Loren Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Loren Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Loren Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Loren Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Loren Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3471</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Loren Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Loren Scott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Scovel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steven Scovel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Steven Scovel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3472 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Steven Scovel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Steven Scovel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steven Scovel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steven Scovel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Steven Scovel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3473 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Steven Scovel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Steven Scovel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steven Scovel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Scranton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steven Scranton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3474 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Steven Scranton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Steven Scranton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Steven Scranton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steven Scranton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steven Scranton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3475 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Steven Scranton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Steven Scranton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Steven Scranton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steven Scranton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Scribner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3476 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Robert Scribner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Scribner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Scribner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Scribner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Scribner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3477 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Robert Scribner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Scribner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Scribner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Scribner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Scribner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3478</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Todd Seckrater San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Todd Seckrater San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Todd Seckrater San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Todd Seckrater San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Todd Seckrater San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3479 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Todd Seckrater San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Todd Seckrater San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Todd Seckrater San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Todd Seckrater San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Todd Seckrater San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3480</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Todd Seckrater San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Manuel Sedano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Manuel Sedano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Manuel Sedano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Manuel Sedano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3481</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Manuel Sedano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Manuel Sedano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Manuel Sedano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Manuel Sedano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Manuel Sedano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3482 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Manuel Sedano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Manuel Sedano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ruben Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ruben Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ruben Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3483 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Ruben Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ruben Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ruben Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ruben Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ruben Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3484 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Ruben Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ruben Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ruben Sencion San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Mike Sepulveda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mike Sepulveda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3485 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Mike Sepulveda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mike Sepulveda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mike Sepulveda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Mike Sepulveda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mike Sepulveda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3486</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Mike Sepulveda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mike Sepulveda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mike Sepulveda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Mike Sepulveda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Aaron Serrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3487</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Aaron Serrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Aaron Serrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Aaron Serrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Aaron Serrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Aaron Serrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3488 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Aaron Serrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Aaron Serrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Aaron Serrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Aaron Serrano San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3489 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Walter Sevilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Walter Sevilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Walter Sevilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Walter Sevilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Walter Sevilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3490 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Walter Sevilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Walter Sevilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Walter Sevilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Walter Sevilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3491 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Walter Sevilla San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nicholas Sewell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Nicholas Sewell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Nicholas Sewell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Nicholas Sewell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet)

Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3492 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Nicholas Sewell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Nicholas Sewell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Nicholas Sewell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Nicholas Sewell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3493</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Nicholas Sewell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nickalaus Seybert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Nickalaus Seybert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Nickalaus Seybert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3494</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Nickalaus Seybert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3495 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/28/2017	Nickalaus Seybert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Nickalaus Seybert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jacob Shank San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jacob Shank San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3496 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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10/17/2017	Jacob Shank San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3497 of 4281

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NAME OF FILER

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10/31/2017	Jacob Shank San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jacob Shank San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jacob Shank San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jacob Shank San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ronald Sharpe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3498</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/20/2017	Ronald Sharpe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ronald Sharpe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Ronald Sharpe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3499 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Ronald Sharpe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ronald Sharpe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ronald Sharpe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ronald Sharpe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3500</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Brad Shaver San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brad Shaver San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3501 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3502 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3503</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3504 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Robert Shaw San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bruce Sheble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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8/9/2017	Bruce Sheble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3505 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3506</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/28/2017	Bruce Sheble San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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7/11/2017	Brian Shedd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3507 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3508 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/15/2017	Brian Shedd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Shedd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Shedd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3509 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3510</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Daniel Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3511</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jerry Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jerry Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jerry Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jerry Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jerry Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3512</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jerry Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jerry Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jerry Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jerry Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jerry Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3513 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jerry Shelton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kyle Shepherd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kyle Shepherd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kyle Shepherd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kyle Shepherd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3514</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Kyle Shepherd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kyle Shepherd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kyle Shepherd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kyle Shepherd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kyle Shepherd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3515</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Kyle Shepherd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kyle Shepherd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jesse Sherratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jesse Sherratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jesse Sherratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3516 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jesse Sherratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jesse Sherratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jesse Sherratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jesse Sherratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jesse Sherratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3517 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jesse Sherratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jesse Sherratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jesse Sherratt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Andrew Shifflett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Andrew Shifflett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3518 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Andrew Shifflett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Andrew Shifflett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Andrew Shifflett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Andrew Shifflett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Andrew Shifflett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3519</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Andrew Shifflett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Andrew Shifflett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Andrew Shifflett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Andrew Shifflett San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Thomas Shiley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3520 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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7/20/2017	Thomas Shiley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Thomas Shiley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Thomas Shiley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Thomas Shiley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Thomas Shiley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3521 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Thomas Shiley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Thomas Shiley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Thomas Shiley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Thomas Shiley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Thomas Shiley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3522</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Farris Short San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Farris Short San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Farris Short San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Farris Short San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Farris Short San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3523 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Farris Short San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Farris Short San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Farris Short San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Farris Short San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Farris Short San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3524</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Farris Short San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dennis Shuey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dennis Shuey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dennis Shuey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dennis Shuey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3525</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Dennis Shuey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Dennis Shuey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dennis Shuey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dennis Shuey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dennis Shuey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3526</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Dennis Shuey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dennis Shuey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Shumway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steven Shumway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Steven Shumway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3527</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Steven Shumway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Steven Shumway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steven Shumway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steven Shumway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Steven Shumway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3528</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Steven Shumway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Steven Shumway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steven Shumway San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Siedle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Siedle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3529 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Michael Siedle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Siedle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Siedle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3530 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Michael Siedle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Siedle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Siedle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Siegfried San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3531</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3532 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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10/17/2017	Michael Siegfried San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Siegfried San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Siegfried San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Siegfried San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Siegfried San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3533 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Joseph Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3534</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Joseph Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3535</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3536</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Joseph Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joseph Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3537 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Joseph Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marcel Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marcel Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Marcel Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3538 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Marcel Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Marcel Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Marcel Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Marcel Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3539 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Marcel Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Marcel Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nicholas Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Nicholas Silva San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3540 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3541</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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7/11/2017	Justin Silvestrini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3542</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3543 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/15/2017	Justin Silvestrini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Justin Silvestrini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Justin Silvestrini San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3544 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3545 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3546 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3547 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3548 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3549</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3550 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3551 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3552 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3553</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3554 of 4281

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3555</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Allan Sinclair San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Allan Sinclair San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Allan Sinclair San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Allan Sinclair San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Allan Sinclair San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3556</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Allan Sinclair San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Allan Sinclair San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Allan Sinclair San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Allan Sinclair San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Allan Sinclair San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3557 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Allan Sinclair San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ronald Sindelar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ronald Sindelar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ronald Sindelar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ronald Sindelar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3558 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Ronald Sindelar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ronald Sindelar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ronald Sindelar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ronald Sindelar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ronald Sindelar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3559 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Ronald Sindelar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ronald Sindelar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Raman Singh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Raman Singh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Raman Singh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3560</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Raman Singh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Raman Singh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Raman Singh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Raman Singh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Raman Singh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3561</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Raman Singh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Raman Singh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Raman Singh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Yanet Skrove San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Yanet Skrove San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3562 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Yanet Skrove San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Yanet Skrove San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Yanet Skrove San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Yanet Skrove San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Yanet Skrove San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3563 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Yanet Skrove San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Yanet Skrove San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Yanet Skrove San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Yanet Skrove San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cassandra Slawson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3564 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Cassandra Slawson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cassandra Slawson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cassandra Slawson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cassandra Slawson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cassandra Slawson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3565</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Cassandra Slawson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cassandra Slawson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cassandra Slawson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cassandra Slawson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cassandra Slawson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3566 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Alan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3567</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Alan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3568 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Alan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Allen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Allen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Allen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Allen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3569 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Allen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Allen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Allen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Allen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Allen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3570</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Allen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Allen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Andre Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Andre Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Andre Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3571</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Andre Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Andre Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Andre Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Andre Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Andre Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3572 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Andre Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Andre Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Andre Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bridget Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Bridget Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3573</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Bridget Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Bridget Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Bridget Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Bridget Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Bridget Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3574 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Bridget Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Bridget Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Bridget Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bridget Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Corie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3575</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Corie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Corie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Corie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Corie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Corie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3576</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Corie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Corie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Corie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Corie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Corie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3577 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Dale Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dale Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dale Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dale Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dale Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3578 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3579</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Daniel Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3580 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3581 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3582 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3583 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	David Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/17/2017	David Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3584 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3585</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	David Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eileen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3586 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/9/2017	Eileen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3587</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/28/2017	Eileen Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3588</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Gary Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gary Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gary Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3589 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Gary Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gary Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gary Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gary Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gary Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3590 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Gary Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeremy Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeremy Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeremy Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeremy Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3591 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Jeremy Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeremy Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeremy Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3592 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Jeremy Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joshua Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joshua Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joshua Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3593</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Joshua Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joshua Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joshua Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joshua Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3594 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Joshua Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joshua Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joshua Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kaysie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kaysie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3595</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Kaysie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kaysie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kaysie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kaysie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kaysie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3596</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Kaysie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kaysie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kaysie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kaysie Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Latara Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3597 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Latara Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Latara Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Latara Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Latara Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Latara Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3598 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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10/31/2017	Latara Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Latara Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Latara Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Latara Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3599 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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7/11/2017	Mark Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3600 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/3/2017	Mark Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mark Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3601 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Mark Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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8/22/2017	Michael Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3602</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Michael Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3603</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Robert Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Robert Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3604 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3605</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Ryan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ryan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3606 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Ryan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ryan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ryan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ryan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ryan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3607 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Ryan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ryan Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Toya Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Toya Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3608 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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8/22/2017	Toya Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Toya Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Toya Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3609 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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11/15/2017	Toya Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Toya Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Toya Smith San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Twila Smith-Hagans San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3610 of 4281

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NAME OF FILER

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3611</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3612</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Erik Smoot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Erik Smoot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Erik Smoot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3613 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Erik Smoot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Erik Smoot San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3614</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/11/2017	Joseph Snavelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3615</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3616</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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12/12/2017	Joseph Snavelly San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Snow San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3617</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3618 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3619 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3620 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/11/2017	Jeromy Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3621 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3622 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3623 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	John Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3624 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	John Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3625 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	John Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Justin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Justin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Justin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Justin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3626</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Justin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Justin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Justin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Justin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Justin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3627 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Justin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Justin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kevin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kevin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kevin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3628</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Kevin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kevin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kevin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kevin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kevin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3629</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Kevin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kevin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kevin Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Toyling Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Toyling Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3630 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Toyling Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Toyling Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Toyling Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Toyling Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Toyling Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3631 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Toyling Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Toyling Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Toyling Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Toyling Snyder San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Pamela Sokolik-Putnam San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3632 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Pamela Sokolik-Putnam San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Pamela Sokolik-Putnam San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Pamela Sokolik-Putnam San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Pamela Sokolik-Putnam San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Pamela Sokolik-Putnam San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3633 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Pamela Sokolik-Putnam San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Pamela Sokolik-Putnam San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Pamela Sokolik-Putnam San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Pamela Sokolik-Putnam San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Pamela Sokolik-Putnam San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3634 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Casey Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Casey Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Casey Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Casey Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Casey Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3635</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Casey Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Casey Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Casey Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Casey Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Casey Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3636 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Casey Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3637 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	John Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3638</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	John Solomon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Geoffrey Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/20/2017	Geoffrey Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/9/2017	Geoffrey Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3639 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Geoffrey Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/17/2017	Geoffrey Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/31/2017	Geoffrey Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
11/15/2017	Geoffrey Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3640 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Geoffrey Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
12/12/2017	Geoffrey Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/11/2017	Maria Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/20/2017	Maria Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/9/2017	Maria Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3641 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Maria Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
9/19/2017	Maria Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/3/2017	Maria Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/17/2017	Maria Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/31/2017	Maria Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3642</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Paul Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Paul Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3643</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Paul Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paul Solorio San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3644 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/11/2017	Jennifer Song San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jennifer Song San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3645 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Jennifer Song San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jennifer Song San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3646 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jennifer Song San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jennifer Song San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Narcie Sousa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Narcie Sousa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Narcie Sousa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3647</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Narcie Sousa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Narcie Sousa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Narcie Sousa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Narcie Sousa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Narcie Sousa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3648 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Narcie Sousa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Narcie Sousa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Narcie Sousa San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bruce Southworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Bruce Southworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3649 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Bruce Southworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Bruce Southworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Bruce Southworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Bruce Southworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Bruce Southworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3650 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Bruce Southworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Bruce Southworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Bruce Southworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bruce Southworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marie Spain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3651 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Marie Spain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Marie Spain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Marie Spain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Marie Spain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Marie Spain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3652 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Marie Spain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Marie Spain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Marie Spain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Marie Spain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Marie Spain San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3653</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Stephen Spear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stephen Spear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Stephen Spear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Stephen Spear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Stephen Spear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3654 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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10/3/2017	Stephen Spear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stephen Spear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Stephen Spear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Stephen Spear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stephen Spear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3655 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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12/12/2017	Stephen Spear San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Galen Spears San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Galen Spears San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Galen Spears San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Galen Spears San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3656 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/3/2017	Galen Spears San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Galen Spears San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Galen Spears San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Galen Spears San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3657 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Galen Spears San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Galen Spears San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lindsey Spence San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lindsey Spence San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lindsey Spence San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3658</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Lindsey Spence San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lindsey Spence San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lindsey Spence San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lindsey Spence San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lindsey Spence San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3659 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Lindsey Spence San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lindsey Spence San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lindsey Spence San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeremy Spinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeremy Spinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3660 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jeremy Spinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeremy Spinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeremy Spinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeremy Spinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeremy Spinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3661 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jeremy Spinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeremy Spinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeremy Spinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeremy Spinney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bryan Sprague San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3662 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Bryan Sprague San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Bryan Sprague San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Bryan Sprague San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Bryan Sprague San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Bryan Sprague San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3663 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Bryan Sprague San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Bryan Sprague San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Bryan Sprague San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Bryan Sprague San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bryan Sprague San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3664 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Stacey Spurlock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stacey Spurlock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Stacey Spurlock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Stacey Spurlock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Stacey Spurlock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3665 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Stacey Spurlock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stacey Spurlock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Stacey Spurlock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Stacey Spurlock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stacey Spurlock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3666</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Stacey Spurlock San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Wynn Srisutasanavong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Wynn Srisutasanavong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Wynn Srisutasanavong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Wynn Srisutasanavong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3667 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/3/2017	Wynn Srisutasanavong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Wynn Srisutasanavong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Wynn Srisutasanavong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Wynn Srisutasanavong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3668</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Wynn Srisutasanavong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Wynn Srisutasanavong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Scott Stafford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Scott Stafford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Scott Stafford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3669 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Scott Stafford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Scott Stafford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Scott Stafford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Scott Stafford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Scott Stafford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3670</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Scott Stafford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Scott Stafford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Scott Stafford San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jimmy Staley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jimmy Staley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3671</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jimmy Staley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jimmy Staley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jimmy Staley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jimmy Staley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jimmy Staley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3672 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jimmy Staley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jimmy Staley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jimmy Staley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jimmy Staley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Caroline Stallings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3673</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Caroline Stallings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Caroline Stallings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Caroline Stallings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Caroline Stallings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Caroline Stallings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3674 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Caroline Stallings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Caroline Stallings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Caroline Stallings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Caroline Stallings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Caroline Stallings San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3675 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Randy Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Randy Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Randy Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Randy Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Randy Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3676</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Randy Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Randy Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Randy Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Randy Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Randy Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3677 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Randy Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Wyatt Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Wyatt Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Wyatt Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Wyatt Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3678 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Wyatt Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Wyatt Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Wyatt Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Wyatt Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Wyatt Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3679 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Wyatt Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Wyatt Stanley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Pamela Staten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Pamela Staten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Pamela Staten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3680 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Pamela Staten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Pamela Staten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Pamela Staten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Pamela Staten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Pamela Staten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3681 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Pamela Staten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Pamela Staten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Pamela Staten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Blake Stebbing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Blake Stebbing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3682</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Blake Stebbing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Blake Stebbing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Blake Stebbing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Blake Stebbing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Blake Stebbing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3683</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Blake Stebbing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Blake Stebbing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Blake Stebbing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Blake Stebbing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Steers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3684 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Joseph Steers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Steers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joseph Steers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joseph Steers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joseph Steers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3685</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Joseph Steers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Steers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joseph Steers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Steers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Steers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3686</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Brandon Steffler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brandon Steffler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brandon Steffler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brandon Steffler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brandon Steffler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3687</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Brandon Steffler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brandon Steffler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brandon Steffler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brandon Steffler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brandon Steffler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3688</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Brandon Steffler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Damien Stemley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Damien Stemley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Damien Stemley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Damien Stemley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3689 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Damien Stemley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Damien Stemley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Damien Stemley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Damien Stemley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Damien Stemley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3690 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Damien Stemley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Damien Stemley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Karen Stewart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/20/2017	Karen Stewart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/9/2017	Karen Stewart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3691 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Karen Stewart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
9/19/2017	Karen Stewart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/3/2017	Karen Stewart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/31/2017	Karen Stewart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
12/12/2017	Karen Stewart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	

SUBTOTAL

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3692 of 4281
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jeffrey Stinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeffrey Stinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeffrey Stinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeffrey Stinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeffrey Stinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3693 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jeffrey Stinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeffrey Stinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeffrey Stinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeffrey Stinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeffrey Stinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3694 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jeffrey Stinson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ronald Stocking San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ronald Stocking San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ronald Stocking San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ronald Stocking San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3695 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Ronald Stocking San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ronald Stocking San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ronald Stocking San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ronald Stocking San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ronald Stocking San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3696</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Ronald Stocking San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ronald Stocking San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gregory Stoddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gregory Stoddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gregory Stoddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3697 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Gregory Stoddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gregory Stoddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gregory Stoddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gregory Stoddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gregory Stoddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3698 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Gregory Stoddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gregory Stoddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gregory Stoddard San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Derek Stokes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Derek Stokes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3699 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Derek Stokes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Derek Stokes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Derek Stokes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Derek Stokes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Derek Stokes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3700 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Derek Stokes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Derek Stokes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Derek Stokes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Derek Stokes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eric Stoll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3701 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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7/20/2017	Eric Stoll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Eric Stoll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eric Stoll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Stoll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eric Stoll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3702</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Eric Stoll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Eric Stoll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Stoll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Stoll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eric Stoll San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3703 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Floyd Stone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Floyd Stone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Floyd Stone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Floyd Stone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Floyd Stone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3704</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Floyd Stone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Floyd Stone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Floyd Stone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Floyd Stone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3705</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Josh Stone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3706 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Josh Stone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3707</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Josh Stone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Josh Stone San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jessica Storm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jessica Storm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jessica Storm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3708</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Jessica Storm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jessica Storm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jessica Storm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jessica Storm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3709 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jessica Storm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jessica Storm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jessica Storm San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Stowell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christopher Stowell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3710 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Christopher Stowell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christopher Stowell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3711 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Christopher Stowell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Stowell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Stowell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Trever Strand San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3712</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3713 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Trever Strand San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Trever Strand San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Trever Strand San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Trever Strand San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3714</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Thomas Strong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Thomas Strong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Thomas Strong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Thomas Strong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Thomas Strong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3715</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Thomas Strong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Thomas Strong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Thomas Strong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Thomas Strong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Thomas Strong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3716 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Thomas Strong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sean Struebing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sean Struebing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3717</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Sean Struebing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sean Struebing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sean Struebing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sean Struebing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3718 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Sean Struebing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sean Struebing San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Strunk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Strunk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Strunk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3719 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	David Strunk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Strunk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Strunk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Strunk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3720 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	David Strunk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Strunk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Strunk San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Doris Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Doris Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3721 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Doris Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Doris Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Doris Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Doris Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3722 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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10/31/2017	Doris Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Doris Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Doris Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Doris Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michelle Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3723 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3724 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/15/2017	Michelle Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michelle Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michelle Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3725 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Raymond Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Raymond Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Raymond Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Raymond Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Raymond Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3726</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Raymond Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Raymond Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Raymond Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Raymond Stuart San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Robert Stucki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3727</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Robert Stucki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Stucki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Stucki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Stucki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Stucki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3728</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Robert Stucki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Stucki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Stucki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Stucki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Stucki San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3729</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Alexander Stumbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alexander Stumbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alexander Stumbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alexander Stumbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alexander Stumbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3730 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Alexander Stumbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alexander Stumbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alexander Stumbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alexander Stumbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alexander Stumbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3731 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Alexander Stumbo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Isaac Suchil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/20/2017	Isaac Suchil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/9/2017	Isaac Suchil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/22/2017	Isaac Suchil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3732 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Isaac Suchil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/3/2017	Isaac Suchil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/17/2017	Isaac Suchil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	Michael Suchomel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Michael Suchomel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3733 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Michael Suchomel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Michael Suchomel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Michael Suchomel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Michael Suchomel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Michael Suchomel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3734 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Michael Suchomel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Michael Suchomel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Michael Suchomel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Michael Suchomel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Philip Suchowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3735 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Philip Suchowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Philip Suchowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Philip Suchowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Philip Suchowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Philip Suchowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3736 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Philip Suchowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Philip Suchowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Philip Suchowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Philip Suchowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Philip Suchowski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3737 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Stephen Sullivant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stephen Sullivant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Stephen Sullivant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Stephen Sullivant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Stephen Sullivant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3738 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Stephen Sullivant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stephen Sullivant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Stephen Sullivant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Stephen Sullivant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stephen Sullivant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3739 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Stephen Sullivant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marc Summers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marc Summers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Marc Summers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Marc Summers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3740 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Marc Summers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Marc Summers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Marc Summers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Marc Summers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3741 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Marc Summers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Marc Summers San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Sutcliffe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Sutcliffe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	James Sutcliffe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3742 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	James Sutcliffe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	James Sutcliffe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	James Sutcliffe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	James Sutcliffe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	James Sutcliffe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3743</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	James Sutcliffe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	James Sutcliffe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James Sutcliffe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3744</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Brian Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Brian Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3745 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Brian Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kimberly Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3746</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/3/2017	Kimberly Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3747</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/31/2017	Kimberly Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kimberly Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kimberly Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kimberly Sutton San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3748</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kimberly Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kimberly Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kimberly Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kimberly Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kimberly Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3749 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kimberly Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kimberly Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kimberly Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kimberly Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kimberly Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3750 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Kimberly Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shelby Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shelby Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shelby Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shelby Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3751</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Shelby Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shelby Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shelby Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Shelby Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shelby Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3752 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Shelby Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shelby Swanson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeremiah Swavely San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeremiah Swavely San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeremiah Swavely San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3753</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jeremiah Swavely San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeremiah Swavely San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeremiah Swavely San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeremiah Swavely San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeremiah Swavely San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3754 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jeremiah Swavely San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeremiah Swavely San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeremiah Swavely San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sta'Laina Swayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sta'Laina Swayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3755</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Sta'Laina Swayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sta'Laina Swayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sta'Laina Swayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sta'Laina Swayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sta'Laina Swayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3756 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Sta'Laina Swayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sta'Laina Swayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sta'Laina Swayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sta'Laina Swayne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Swims San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3757 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jason Swims San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Swims San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Swims San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jason Swims San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason Swims San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3758 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jason Swims San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason Swims San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Swims San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Swims San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Swims San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3759</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Gregory Swoboda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gregory Swoboda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gregory Swoboda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gregory Swoboda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gregory Swoboda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3760 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Gregory Swoboda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gregory Swoboda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gregory Swoboda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gregory Swoboda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gregory Swoboda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3761 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Gregory Swoboda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Szydloski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/20/2017	Steven Szydloski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/9/2017	Steven Szydloski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/22/2017	Steven Szydloski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3762</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Steven Szydloski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/3/2017	Steven Szydloski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/17/2017	Steven Szydloski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	Cathy Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Cathy Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3763 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Cathy Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cathy Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cathy Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cathy Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Cathy Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3764 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Cathy Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cathy Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cathy Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cathy Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sean Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3765</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Sean Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sean Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sean Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sean Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sean Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3766 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Sean Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sean Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sean Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sean Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sean Tabor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3767</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jonathan Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3768 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Jonathan Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3769 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Jonathan Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sara Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sara Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sara Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Sara Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3770 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Sara Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sara Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sara Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sara Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Sara Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3771 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Sara Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sara Tamayo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rodney Tamparong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rodney Tamparong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rodney Tamparong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3772 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Rodney Tamparong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rodney Tamparong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rodney Tamparong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rodney Tamparong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rodney Tamparong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3773</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Rodney Tamparong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rodney Tamparong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rodney Tamparong San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Tang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Matthew Tang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3774</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Matthew Tang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Matthew Tang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3775 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Matthew Tang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Matthew Tang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Matthew Tang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Justin Tao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3776 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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8/9/2017	Justin Tao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Justin Tao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Justin Tao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Justin Tao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3777 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Justin Tao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Justin Tao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Justin Tao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Justin Tao San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3778 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/11/2017	Ricardo Tapia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Ricardo Tapia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Ricardo Tapia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Ricardo Tapia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Ricardo Tapia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3779 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/17/2017	Ricardo Tapia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Ricardo Tapia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Ricardo Tapia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Ricardo Tapia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3780 of 4281

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7/11/2017	Thomas Tardif San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Thomas Tardif San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Thomas Tardif San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3781 of 4281

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10/3/2017	Thomas Tardif San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Thomas Tardif San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Thomas Tardif San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Thomas Tardif San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Thomas Tardif San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3782 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Thomas Tardif San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Timothy Tate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Timothy Tate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Timothy Tate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Timothy Tate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3783 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Timothy Tate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Timothy Tate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Timothy Tate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Timothy Tate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Timothy Tate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3784</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Timothy Tate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Timothy Tate San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gregory Taves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gregory Taves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gregory Taves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3785 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Gregory Taves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gregory Taves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gregory Taves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gregory Taves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gregory Taves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3786 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Gregory Taves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gregory Taves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gregory Taves San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kendall Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kendall Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3787 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Kendall Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kendall Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kendall Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kendall Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kendall Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3788 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Kendall Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kendall Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kendall Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kendall Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Laron Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3789 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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7/20/2017	Laron Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Laron Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Laron Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Laron Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Laron Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3790</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/17/2017	Laron Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Laron Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Laron Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Laron Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Laron Taylor San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3791 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/11/2017	Danyll Teel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Danyll Teel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Danyll Teel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Danyll Teel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Danyll Teel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3792 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/17/2017	Danyll Teel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Danyll Teel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Danyll Teel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Danyll Teel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3793</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Danyll Teel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Carlos Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Carlos Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Carlos Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Carlos Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3794 of 4281
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Carlos Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Carlos Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Carlos Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Carlos Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Carlos Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3795 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Carlos Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Carlos Tellez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Tenbrink San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Tenbrink San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Tenbrink San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3796</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Michael Tenbrink San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Tenbrink San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Tenbrink San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Tenbrink San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Tenbrink San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3797 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Michael Tenbrink San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Tenbrink San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Tenbrink San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gregory Teplansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gregory Teplansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3798</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Gregory Teplansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gregory Teplansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Gregory Teplansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gregory Teplansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gregory Teplansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3799 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Gregory Teplansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gregory Teplansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gregory Teplansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gregory Teplansky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Troy Terbest San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3800</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Troy Terbest San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Troy Terbest San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Troy Terbest San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Troy Terbest San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Troy Terbest San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3801 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Troy Terbest San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Troy Terbest San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Troy Terbest San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Troy Terbest San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Troy Terbest San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3802 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Mark Terrazas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Mark Terrazas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Mark Terrazas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Mark Terrazas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Mark Terrazas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3803 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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10/3/2017	Mark Terrazas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Mark Terrazas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Mark Terrazas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Mark Terrazas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Mark Terrazas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3804 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Mark Terrazas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Steven Theis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steven Theis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Steven Theis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Steven Theis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3805</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Steven Theis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steven Theis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Steven Theis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Steven Theis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3806 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Steven Theis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Theiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Theiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Theiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3807</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Robert Theiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Theiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Theiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Theiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3808 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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11/15/2017	Robert Theiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Theiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Theiss San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Scott Thies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Scott Thies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3809 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Scott Thies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Scott Thies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Scott Thies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Scott Thies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Scott Thies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3810 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Scott Thies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Scott Thies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Scott Thies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Scott Thies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Amanda Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3811 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Amanda Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Amanda Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	Amanda Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Amanda Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3812 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/31/2017	Amanda Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Amanda Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Amanda Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Amanda Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3813</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Anthony Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Anthony Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Anthony Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3814 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/15/2017	Anthony Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3815</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Dane Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dane Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dane Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dane Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dane Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3816</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Dane Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dane Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dane Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dane Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dane Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3817 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Dane Thomas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marlene Thompson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marlene Thompson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Marlene Thompson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Marlene Thompson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3818 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Marlene Thompson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Marlene Thompson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Marlene Thompson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Marlene Thompson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Marlene Thompson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3819 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Marlene Thompson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Marlene Thompson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Thorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Thorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Thorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3820 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jonathan Thorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Thorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jonathan Thorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Thorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Thorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3821 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jonathan Thorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Thorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Thorp San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shawn Thurman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shawn Thurman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3822 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Shawn Thurman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shawn Thurman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shawn Thurman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shawn Thurman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shawn Thurman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3823 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Shawn Thurman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shawn Thurman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shawn Thurman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shawn Thurman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jacob Tiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3824 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jacob Tiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jacob Tiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jacob Tiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jacob Tiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jacob Tiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3825 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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10/17/2017	Jacob Tiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jacob Tiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jacob Tiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jacob Tiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jacob Tiel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3826 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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7/11/2017	Evan Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Evan Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Evan Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Evan Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Evan Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

***Contributor Codes**

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3827 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Evan Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Evan Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Evan Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Evan Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Evan Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3828 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Evan Todd San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Tolbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Tolbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Tolbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Tolbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3829 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Michael Tolbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Tolbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Tolbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Tolbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Tolbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3830 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Michael Tolbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Tolbert San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dennis Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
7/20/2017	Dennis Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
8/9/2017	Dennis Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3831</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Dennis Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
9/19/2017	Dennis Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
10/3/2017	Dennis Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
10/17/2017	Dennis Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
10/31/2017	Dennis Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3832 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Dennis Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
11/28/2017	Dennis Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
12/12/2017	Dennis Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
7/11/2017	Nicholas Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Nicholas Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3833 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Nicholas Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Nicholas Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Nicholas Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Nicholas Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Nicholas Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3834</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Nicholas Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Nicholas Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Nicholas Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Nicholas Tollefson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lana Tomlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3835 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Lana Tomlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lana Tomlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lana Tomlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lana Tomlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lana Tomlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3836</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Lana Tomlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lana Tomlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lana Tomlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lana Tomlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lana Tomlin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3837</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Brad Toms San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brad Toms San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brad Toms San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brad Toms San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brad Toms San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3838</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Brad Toms San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brad Toms San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brad Toms San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brad Toms San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brad Toms San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3839</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Brad Toms San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Tonseth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Tonseth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Tonseth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Tonseth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3840 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Brian Tonseth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Tonseth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Tonseth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Tonseth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Tonseth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3841</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Brian Tonseth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Tonseth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Topping San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Topping San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Topping San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3842</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	David Topping San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Topping San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Topping San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Topping San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Topping San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3843 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	David Topping San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Topping San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Topping San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shawn Torno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shawn Torno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3844 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Shawn Torno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shawn Torno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shawn Torno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shawn Torno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shawn Torno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3845</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Shawn Torno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shawn Torno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shawn Torno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shawn Torno San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rogelio Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3846 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Rogelio Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rogelio Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rogelio Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rogelio Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rogelio Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3847 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Rogelio Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rogelio Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rogelio Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rogelio Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rogelio Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3848 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Rosario Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rosario Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rosario Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rosario Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rosario Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3849 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Rosario Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rosario Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rosario Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rosario Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rosario Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3850</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Rosario Torres San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Corey Towne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Corey Towne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Corey Towne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Corey Towne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3851</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Corey Towne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Corey Towne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Corey Towne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Corey Towne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Corey Towne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3852 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Corey Towne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Corey Towne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Josette Tracy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Josette Tracy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Josette Tracy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3853</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Josette Tracy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Josette Tracy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Josette Tracy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Josette Tracy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3854 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Josette Tracy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Josette Tracy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Josette Tracy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jimmy Trahin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jimmy Trahin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3855</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jimmy Trahin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jimmy Trahin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jimmy Trahin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jimmy Trahin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jimmy Trahin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3856 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jimmy Trahin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jimmy Trahin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jimmy Trahin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jimmy Trahin San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lisa Trask San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3857 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Lisa Trask San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lisa Trask San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Lisa Trask San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Lisa Trask San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lisa Trask San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3858</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Lisa Trask San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lisa Trask San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lisa Trask San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Lisa Trask San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lisa Trask San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3859</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Hector Trevino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Hector Trevino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Hector Trevino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Hector Trevino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Hector Trevino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3860</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/3/2017	Hector Trevino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Hector Trevino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Hector Trevino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Hector Trevino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Hector Trevino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3861 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Hector Trevino San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Manuel Tristan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Manuel Tristan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Manuel Tristan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Manuel Tristan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3862 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Manuel Tristan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Manuel Tristan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Manuel Tristan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Manuel Tristan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Manuel Tristan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3863 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Manuel Tristan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Manuel Tristan San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Trostle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Trostle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Trostle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3864</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Robert Trostle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Trostle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Trostle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Trostle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Trostle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3865 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Robert Trostle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Trostle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Trostle San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Eric Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Eric Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3866</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Eric Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Eric Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Eric Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Eric Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Eric Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3867</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Eric Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Eric Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Eric Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Eric Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Fernando Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3868 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Fernando Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Fernando Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Fernando Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Fernando Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Fernando Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3869 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Fernando Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Fernando Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Fernando Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Fernando Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Fernando Trujillo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3870</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Chad Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Chad Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Chad Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Chad Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Chad Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3871</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Chad Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Chad Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Chad Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Chad Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3872 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Denise Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3873 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3874 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Ryan Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3875 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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10/3/2017	Ryan Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ryan Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ryan Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3876 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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11/28/2017	Ryan Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ryan Turner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marc Ulrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marc Ulrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3877 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3878 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/15/2017	Marc Ulrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Marc Ulrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Marc Ulrich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Todd Underhill San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3879</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3880</u> of <u>4281</u>
		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3881</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3882 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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Schedule A (Continuation Sheet)

Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3883 of 4281
		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Erik Urban San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dominic Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dominic Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dominic Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dominic Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3884 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Dominic Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Dominic Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dominic Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dominic Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dominic Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3885 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Dominic Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dominic Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nicholas Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Nicholas Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Nicholas Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3886</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Nicholas Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Nicholas Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Nicholas Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Nicholas Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Nicholas Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3887 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Nicholas Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Nicholas Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Nicholas Vaca San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Vaccari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Vaccari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3888</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Robert Vaccari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Vaccari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Vaccari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Vaccari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Vaccari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3889 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Robert Vaccari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Vaccari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Vaccari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Vaccari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Vannessa Valadez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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COM - Recipient Committee
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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3890</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Vannessa Valadez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Vannessa Valadez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Vannessa Valadez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Vannessa Valadez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Vannessa Valadez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3891 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Vannessa Valadez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Vannessa Valadez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Vannessa Valadez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Vannessa Valadez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Vannessa Valadez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3892</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Luis Valdez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Luis Valdez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Luis Valdez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Luis Valdez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Luis Valdez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3893 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Luis Valdez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Luis Valdez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Luis Valdez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Luis Valdez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Luis Valdez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3894</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kenny Valdez-Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kenny Valdez-Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kenny Valdez-Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kenny Valdez-Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kenny Valdez-Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3895</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kenny Valdez-Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kenny Valdez-Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kenny Valdez-Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kenny Valdez-Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kenny Valdez-Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3896</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Kenny Valdez-Hurtado San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jennylee Valles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jennylee Valles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jennylee Valles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jennylee Valles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3897 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Jennylee Valles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jennylee Valles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jennylee Valles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jennylee Valles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3898 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jennylee Valles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jennylee Valles San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeremiah Van Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeremiah Van Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeremiah Van Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3899 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jeremiah Van Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeremiah Van Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeremiah Van Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeremiah Van Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeremiah Van Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3900 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jeremiah Van Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeremiah Van Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeremiah Van Brimmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alicia Van Zant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Alicia Van Zant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3901 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Alicia Van Zant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Alicia Van Zant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Alicia Van Zant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Alicia Van Zant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Alicia Van Zant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3902 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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10/31/2017	Alicia Van Zant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Alicia Van Zant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Alicia Van Zant San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Craig Vanden Bossche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Craig Vanden Bossche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3903 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Craig Vanden Bossche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Craig Vanden Bossche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Craig Vanden Bossche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Craig Vanden Bossche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Craig Vanden Bossche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3904 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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10/31/2017	Craig Vanden Bossche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Craig Vanden Bossche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Craig Vanden Bossche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Craig Vanden Bossche San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Aaron Vanderburg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3905 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Aaron Vanderburg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Aaron Vanderburg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Aaron Vanderburg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Aaron Vanderburg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Aaron Vanderburg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3906 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Aaron Vanderburg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Aaron Vanderburg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Aaron Vanderburg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Aaron Vanderburg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Aaron Vanderburg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3907</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Chong Vang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Chong Vang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Chong Vang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Chong Vang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Chong Vang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3908</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Chong Vang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Chong Vang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Chong Vang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Chong Vang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Chong Vang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3909 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Chong Vang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Vangese San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Vangese San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Vangese San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Vangese San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3910</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Michael Vangese San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Vangese San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Vangese San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Vangese San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Vangese San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3911 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Michael Vangese San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Vangese San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Claudia Vanhueven Vanstaerli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Claudia Vanhueven Vanstaerli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Claudia Vanhueven Vanstaerli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3912 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Claudia Vanhueven Vanstaerli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Claudia Vanhueven Vanstaerli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Claudia Vanhueven Vanstaerli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Claudia Vanhueven Vanstaerli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Claudia Vanhueven Vanstaerli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3913</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Claudia Vanhueven Vanstaerli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Claudia Vanhueven Vanstaerli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Claudia Vanhueven Vanstaerli San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Vannorman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Vannorman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3914</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	David Vannorman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Vannorman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Vannorman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Vannorman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Vannorman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3915 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	David Vannorman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Vannorman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Vannorman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Vannorman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Andres Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3916 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Andres Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Andres Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Andres Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Andres Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Andres Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3917</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Andres Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Andres Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Andres Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Andres Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Andres Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3918</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Rachel Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rachel Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rachel Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rachel Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Rachel Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3919 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Rachel Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rachel Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rachel Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rachel Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Rachel Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3920</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Rachel Varela San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Rosemary Vargas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Rosemary Vargas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Rosemary Vargas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Rosemary Vargas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3921 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Rosemary Vargas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Rosemary Vargas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Rosemary Vargas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Rosemary Vargas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Rosemary Vargas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3922</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Rosemary Vargas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Rosemary Vargas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Julio Vasconcelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Julio Vasconcelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Julio Vasconcelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3923</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Julio Vasconcelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Julio Vasconcelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Julio Vasconcelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Julio Vasconcelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Julio Vasconcelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3924 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Julio Vasconcelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Julio Vasconcelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Julio Vasconcelos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daisy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daisy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3925</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Daisy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daisy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daisy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daisy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daisy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3926</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Daisy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daisy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daisy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daisy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jeremy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3927 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jeremy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeremy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jeremy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeremy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeremy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3928 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Jeremy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jeremy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeremy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeremy Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3929 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Joseph Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joseph Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joseph Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joseph Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3930 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Joseph Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joseph Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joseph Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3931</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Joseph Vasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joseph Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Joseph Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3932 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Joseph Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joseph Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joseph Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Joseph Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3933 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Joseph Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kyle Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kyle Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kyle Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3934 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Kyle Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kyle Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kyle Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kyle Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kyle Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3935 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Kyle Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kyle Vaughn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Isaac Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Isaac Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3936</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/22/2017	Isaac Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Isaac Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Isaac Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Isaac Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3937 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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10/31/2017	Isaac Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Isaac Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Isaac Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Isaac Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3938</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
7/20/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/9/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3939 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
8/22/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
9/19/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3940 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/17/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$105.00	
10/31/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3941 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Vega San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christian Veit San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christian Veit San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3942</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Christian Veit San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christian Veit San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christian Veit San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christian Veit San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christian Veit San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3943 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Christian Veit San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christian Veit San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christian Veit San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christian Veit San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Velardes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3944 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	John Velardes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	John Velardes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	John Velardes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	John Velardes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Velardes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3945 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	John Velardes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Velardes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	John Velardes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	John Velardes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Velardes San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3946 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Armando Velardez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Armando Velardez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Armando Velardez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Armando Velardez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Armando Velardez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3947</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	Armando Velardez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Armando Velardez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Armando Velardez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Armando Velardez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3948</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Ramon Velasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ramon Velasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3949</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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10/3/2017	Ramon Velasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ramon Velasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3950</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Ramon Velasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ramon Velasco San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Velasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Velasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Velasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3951</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Daniel Velasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Daniel Velasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Velasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Velasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Velasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3952 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Daniel Velasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Daniel Velasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Velasquez San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alejandra Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alejandra Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3953</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Alejandra Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alejandra Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Alejandra Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alejandra Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alejandra Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3954</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Alejandra Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alejandra Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Alejandra Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alejandra Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jesse Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3955</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jesse Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Jesse Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Jesse Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Jesse Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/3/2017	Jesse Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3956</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jesse Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Jesse Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Jesse Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Jesse Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Jesse Venegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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(other than PTY or SCC)
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PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3957 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Stephen Verne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stephen Verne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Stephen Verne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Stephen Verne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Stephen Verne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3958 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Stephen Verne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stephen Verne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Stephen Verne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Stephen Verne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stephen Verne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3959</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Stephen Verne San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Troy Verral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Troy Verral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Troy Verral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Troy Verral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3960 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Troy Verral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Troy Verral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Troy Verral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Troy Verral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Troy Verral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3961 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Troy Verral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Troy Verral San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Travis Vessells San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Travis Vessells San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Travis Vessells San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3962</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Travis Vessells San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Travis Vessells San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Travis Vessells San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Travis Vessells San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Travis Vessells San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3963 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Travis Vessells San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Travis Vessells San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Travis Vessells San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Hector Vidal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Hector Vidal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3964 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Hector Vidal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Hector Vidal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Hector Vidal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Hector Vidal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Hector Vidal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3965 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Hector Vidal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Hector Vidal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Hector Vidal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Hector Vidal San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cory Vigil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3966</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Cory Vigil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cory Vigil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Cory Vigil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cory Vigil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cory Vigil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3967 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Cory Vigil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cory Vigil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Cory Vigil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cory Vigil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cory Vigil San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3968 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Andres Villalobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/20/2017	Andres Villalobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/9/2017	Andres Villalobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
8/22/2017	Andres Villalobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
9/19/2017	Andres Villalobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3969 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Andres Villalobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/17/2017	Andres Villalobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
10/31/2017	Andres Villalobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/15/2017	Andres Villalobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
11/28/2017	Andres Villalobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3970</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Andres Villalobos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Michael Villaraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Villaraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Villaraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Villaraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3971</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Michael Villaraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Villaraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Villaraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Villaraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Villaraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3972 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Michael Villaraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Villaraza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Orlando Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Orlando Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Orlando Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3973 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Orlando Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Orlando Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Orlando Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Orlando Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Orlando Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3974</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Orlando Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Orlando Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Orlando Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Juan Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Juan Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 3975 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Juan Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Juan Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Juan Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Juan Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Juan Villegas San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3976 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Juan Villescasc San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Juan Villescasc San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Juan Villescasc San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Juan Villescasc San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Denyse Viruete San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3977 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Denyse Viruete San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Denyse Viruete San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Denyse Viruete San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Denyse Viruete San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Denyse Viruete San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3978</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Denyse Viruete San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Denyse Viruete San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Denyse Viruete San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Denyse Viruete San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Denyse Viruete San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3979 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Timothy Visosky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Timothy Visosky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Timothy Visosky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Timothy Visosky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Timothy Visosky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3980 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Timothy Visosky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Timothy Visosky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Timothy Visosky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Timothy Visosky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Timothy Visosky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>3981</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Timothy Visosky San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Zachary Vogel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Zachary Vogel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Zachary Vogel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Zachary Vogel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3982</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Zachary Vogel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Zachary Vogel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Zachary Vogel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Zachary Vogel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Zachary Vogel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3983 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Zachary Vogel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Zachary Vogel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Karl Von Oesen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Karl Von Oesen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Karl Von Oesen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3984 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Karl Von Oesen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Karl Von Oesen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Karl Von Oesen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Karl Von Oesen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Karl Von Oesen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3985 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Karl Von Oesen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Karl Von Oesen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Karl Von Oesen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shelley Waddy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shelley Waddy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3986</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Shelley Waddy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shelley Waddy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Shelley Waddy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shelley Waddy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Shelley Waddy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3987</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Shelley Waddy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Shelley Waddy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Shelley Waddy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Shelley Waddy San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Wade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3988 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Brian Wade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Wade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Wade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Wade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Wade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>3989</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Brian Wade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Wade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Wade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Wade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Wade San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3990 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	David Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	David Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3991 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/17/2017	David Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	David Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3992 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	David Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Douglas Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Douglas Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Douglas Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Douglas Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>3993</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Douglas Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Douglas Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Douglas Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Douglas Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3994 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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11/28/2017	Douglas Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Douglas Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	John Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	John Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3995 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	John Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	John Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	John Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	John Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	John Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3996 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	John Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	John Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Miles Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Miles Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Miles Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3997</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Miles Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Miles Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Miles Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Miles Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Miles Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>3998</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Miles Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Miles Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Miles Wagner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ryan Wainner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Wainner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 3999 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Ryan Wainner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ryan Wainner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ryan Wainner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ryan Wainner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ryan Wainner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4000</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ryan Wainner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ryan Wainner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Wainner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ryan Wainner San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Diana Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4001 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Diana Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Diana Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Diana Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Diana Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Diana Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4002 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Diana Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Diana Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Diana Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Diana Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Diana Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4003 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kathleen Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kathleen Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kathleen Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kathleen Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kathleen Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4004 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kathleen Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kathleen Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kathleen Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kathleen Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kathleen Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

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from	07/01/2017	
through	12/31/2017	Page 4005 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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12/12/2017	Kathleen Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4006 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Michael Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Michael Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Waitschies San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>4007</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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7/11/2017	Angela Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Angela Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Angela Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4008 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4009 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4010 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4011 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Dan Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dan Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	John Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4012 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/9/2017	John Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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9/19/2017	John Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	John Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4013</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	John Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	John Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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11/28/2017	John Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	John Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4014 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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7/11/2017	Lisa Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lisa Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lisa Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4015 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4016 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4017 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/17/2017	Michael Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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11/15/2017	Michael Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4018</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Michael Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Walker San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Charles Wallace San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Charles Wallace San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Charles Wallace San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4019 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Charles Wallace San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Charles Wallace San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Charles Wallace San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Charles Wallace San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Charles Wallace San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4020</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Charles Wallace San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Charles Wallace San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Charles Wallace San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cynthia Wallace-Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Cynthia Wallace-Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4021 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Cynthia Wallace-Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cynthia Wallace-Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Cynthia Wallace-Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4022 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Cynthia Wallace-Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cynthia Wallace-Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cynthia Wallace-Guerrero San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4023</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/9/2017	Brian Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4024 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Brian Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4025</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jonathan Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4026 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Jonathan Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4027 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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12/12/2017	Jonathan Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Scott Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Scott Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4028 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4029 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Scott Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Scott Walsh San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kenny Wang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kenny Wang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kenny Wang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>4030</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Kenny Wang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4031 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Kenny Wang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kenny Wang San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Ward San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4032</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4033</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Christopher Ward San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4034 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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8/9/2017	Grant Ward San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Grant Ward San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Grant Ward San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Grant Ward San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4035 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	Grant Ward San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Grant Ward San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Grant Ward San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Grant Ward San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4036 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Michael Ward San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Michael Ward San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Ward San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4037</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4038</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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7/11/2017	Danise Ware San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4039 of 4281

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NAME OF FILER

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4040</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/28/2017	Danise Ware San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Danise Ware San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Darrell Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Darrell Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Darrell Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>4041</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Darrell Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Darrell Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Darrell Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Darrell Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Darrell Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4042 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Darrell Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Darrell Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Darrell Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jamaal Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jamaal Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4043</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Jamaal Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jamaal Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jamaal Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jamaal Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jamaal Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4044</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Jamaal Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jamaal Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jamaal Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jamaal Warren San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Michael Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4045 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Michael Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Michael Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Michael Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Michael Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Michael Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>4046</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Michael Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Michael Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Michael Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Michael Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Michael Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4047</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Robert Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4048</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Robert Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4049 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Robert Warrick San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Waterhouse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Waterhouse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Waterhouse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Waterhouse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4050 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Brian Waterhouse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Waterhouse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Waterhouse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Waterhouse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Waterhouse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4051</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Brian Waterhouse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Waterhouse San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Angela Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/20/2017	Angela Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/9/2017	Angela Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4052 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Angela Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
9/19/2017	Angela Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/3/2017	Angela Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/17/2017	Angela Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/31/2017	Angela Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4053</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Angela Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/28/2017	Angela Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
12/12/2017	Angela Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	Kim Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kim Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4054 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Kim Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kim Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kim Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kim Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kim Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>4055</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Kim Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kim Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kim Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kim Watkins San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jody Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4056</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jody Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jody Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jody Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jody Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jody Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4057 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jody Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jody Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jody Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jody Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jody Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4058 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kent Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kent Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kent Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kent Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kent Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4059</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kent Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kent Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kent Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kent Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kent Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4060 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Kent Watson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ivan Wawelo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
7/20/2017	Ivan Wawelo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
8/9/2017	Ivan Wawelo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
8/22/2017	Ivan Wawelo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4061 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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9/19/2017	Ivan Wawelo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
10/3/2017	Ivan Wawelo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
10/17/2017	Ivan Wawelo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
10/31/2017	Ivan Wawelo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
11/15/2017	Ivan Wawelo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4062 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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11/28/2017	Ivan Wawelo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
12/12/2017	Ivan Wawelo San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$125.00	
7/11/2017	Jeremy Weaver San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jeremy Weaver San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jeremy Weaver San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4063 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Jeremy Weaver San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jeremy Weaver San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jeremy Weaver San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jeremy Weaver San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jeremy Weaver San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>4064</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Jeremy Weaver San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jeremy Weaver San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jeremy Weaver San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	David Wedge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	David Wedge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4065</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	David Wedge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	David Wedge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	David Wedge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	David Wedge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	David Wedge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4066 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	David Wedge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	David Wedge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	David Wedge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	David Wedge San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Frank Weinald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4067 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Frank Weinald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Frank Weinald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Frank Weinald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Frank Weinald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Frank Weinald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>4068</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Frank Weinald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Frank Weinald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Frank Weinald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Frank Weinald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Frank Weinald San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4069 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Dana Weinberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dana Weinberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dana Weinberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dana Weinberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dana Weinberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4070 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Dana Weinberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dana Weinberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dana Weinberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dana Weinberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dana Weinberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>4071</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Dana Weinberg San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bryan Wellott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Bryan Wellott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Bryan Wellott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Bryan Wellott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4072 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Bryan Wellott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Bryan Wellott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Bryan Wellott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Bryan Wellott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4073</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Bryan Wellott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bryan Wellott San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Karl Wendt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/20/2017	Karl Wendt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
8/9/2017	Karl Wendt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4074 of 4281

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NAME OF FILER

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Karl Wendt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
9/19/2017	Karl Wendt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/3/2017	Karl Wendt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/17/2017	Karl Wendt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
10/31/2017	Karl Wendt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4075 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Karl Wendt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
11/28/2017	Karl Wendt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
12/12/2017	Karl Wendt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$100.00	
7/11/2017	Terence Westbrook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Terence Westbrook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4076 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Terence Westbrook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Terence Westbrook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Terence Westbrook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Terence Westbrook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Terence Westbrook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4077</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Terence Westbrook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Terence Westbrook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Terence Westbrook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Terence Westbrook San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Olivia Whaley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4078 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Olivia Whaley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Olivia Whaley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Olivia Whaley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Olivia Whaley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Olivia Whaley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4079</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Olivia Whaley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Olivia Whaley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Olivia Whaley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Olivia Whaley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Olivia Whaley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>4080</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Bobby Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Bobby Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Bobby Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Bobby Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Bobby Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4081 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Bobby Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Bobby Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Bobby Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Bobby Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Bobby Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4082</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Bobby Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gary Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gary Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gary Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Gary Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4083 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Gary Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gary Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gary Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gary Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Gary Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4084 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Gary Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gary Wheeler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Tyler Whitcomb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Tyler Whitcomb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Tyler Whitcomb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4085 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Tyler Whitcomb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Tyler Whitcomb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Tyler Whitcomb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Tyler Whitcomb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Tyler Whitcomb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>4086</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Tyler Whitcomb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Tyler Whitcomb San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Adrienne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>4087</u> of <u>4281</u>		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/22/2017	Adrienne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Adrienne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Adrienne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4088</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Adrienne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Adrienne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Adrienne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Dennis White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>4089</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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8/9/2017	Dennis White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/3/2017	Dennis White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4090 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	Dennis White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dennis White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Dennis White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4091 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jazmyne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jazmyne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jazmyne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jazmyne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jazmyne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4092</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/31/2017	Jazmyne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jazmyne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jazmyne White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4093 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>4094</u> of <u>4281</u>		I.D. Number 1343640

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San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4095 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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12/12/2017	Kenneth White San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Melony Whitecloud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4096 of 4281

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/31/2017	Melony Whitecloud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4097 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Melony Whitecloud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Melony Whitecloud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Melony Whitecloud San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Briseida Whitehead-Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Briseida Whitehead-Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4098</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Briseida Whitehead-Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Briseida Whitehead-Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Briseida Whitehead-Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Briseida Whitehead-Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Briseida Whitehead-Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4099 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Briseida Whitehead-Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Briseida Whitehead-Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Briseida Whitehead-Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Briseida Whitehead-Garcia San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christopher Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4100 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Christopher Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christopher Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christopher Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christopher Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christopher Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4101</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Christopher Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christopher Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christopher Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christopher Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christopher Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4102</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Robert Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4103 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Robert Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4104 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Robert Whiteside San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Develon Whitfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Develon Whitfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Develon Whitfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Develon Whitfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4105</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Develon Whitfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Develon Whitfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Develon Whitfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Develon Whitfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4106</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Develon Whitfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Develon Whitfield San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Sandra Whitley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Sandra Whitley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Sandra Whitley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>4107</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Sandra Whitley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Sandra Whitley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Sandra Whitley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Sandra Whitley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Sandra Whitley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>4108</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Sandra Whitley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Sandra Whitley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Sandra Whitley San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ariel Whitney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ariel Whitney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4109 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Ariel Whitney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ariel Whitney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ariel Whitney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ariel Whitney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ariel Whitney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4110 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Ariel Whitney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ariel Whitney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ariel Whitney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ariel Whitney San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jason Whitsell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4111 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Jason Whitsell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jason Whitsell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jason Whitsell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jason Whitsell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jason Whitsell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>4112</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Jason Whitsell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jason Whitsell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jason Whitsell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jason Whitsell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jason Whitsell San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4113</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Dustin Whitson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Dustin Whitson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Dustin Whitson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Dustin Whitson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Dustin Whitson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4114 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Dustin Whitson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Dustin Whitson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Dustin Whitson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Dustin Whitson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Dustin Whitson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4115</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Dustin Whitson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Daniel Whitten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Daniel Whitten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Daniel Whitten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Daniel Whitten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4116</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Daniel Whitten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Daniel Whitten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Daniel Whitten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Daniel Whitten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Daniel Whitten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4117 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Daniel Whitten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Daniel Whitten San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Cameron Whitworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Cameron Whitworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Cameron Whitworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>4118</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Cameron Whitworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Cameron Whitworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Cameron Whitworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Cameron Whitworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Cameron Whitworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4119 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Cameron Whitworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Cameron Whitworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Cameron Whitworth San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Wickum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Robert Wickum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4120</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Robert Wickum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Wickum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Wickum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Wickum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Robert Wickum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4121</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Robert Wickum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Wickum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Wickum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Wickum San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Corey Wideen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4122</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Corey Wideen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Corey Wideen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Corey Wideen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Corey Wideen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Corey Wideen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4123 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Corey Wideen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Corey Wideen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Corey Wideen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Corey Wideen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Corey Wideen San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4124</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Brandon Wiebeld San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brandon Wiebeld San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brandon Wiebeld San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brandon Wiebeld San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brandon Wiebeld San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4125 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Brandon Wiebeld San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brandon Wiebeld San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brandon Wiebeld San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brandon Wiebeld San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brandon Wiebeld San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4126 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Brandon Wiebeld San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jacob Wiegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jacob Wiegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jacob Wiegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jacob Wiegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4127</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Jacob Wiegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jacob Wiegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jacob Wiegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jacob Wiegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jacob Wiegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4128 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Jacob Wiegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jacob Wiegel San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gregg Wielenga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Gregg Wielenga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Gregg Wielenga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>4129</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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9/19/2017	Gregg Wielenga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Gregg Wielenga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Gregg Wielenga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Gregg Wielenga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4130 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Gregg Wielenga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Gregg Wielenga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Gregg Wielenga San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Stan Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Stan Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4131 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Stan Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Stan Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Stan Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Stan Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Stan Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4132 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Stan Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Stan Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Stan Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Stan Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Travis Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>4133</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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8/9/2017	Travis Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Travis Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Travis Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Travis Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4134 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Travis Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Travis Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Travis Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Travis Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Travis Wijnhamer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4135 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Felica Wilkerson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Felica Wilkerson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Felica Wilkerson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Felica Wilkerson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Felica Wilkerson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4136 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Felica Wilkerson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Felica Wilkerson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Felica Wilkerson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Felica Wilkerson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Felica Wilkerson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4137 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Felica Wilkerson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Marvin Wilkie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Marvin Wilkie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Marvin Wilkie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Marvin Wilkie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>4138</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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10/3/2017	Marvin Wilkie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Marvin Wilkie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Marvin Wilkie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Marvin Wilkie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4139 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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12/12/2017	Marvin Wilkie San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Carl Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Carl Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Carl Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4140</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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9/19/2017	Carl Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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10/17/2017	Carl Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4141 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number
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11/15/2017	Carl Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Carl Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Carl Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Chad Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Chad Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4142 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Chad Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Chad Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Chad Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Chad Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Chad Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4143 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Chad Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Chad Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Chad Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Christian Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christian Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4144</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Christian Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Christian Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christian Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christian Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christian Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4145 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Christian Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Christian Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christian Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christian Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4146 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4147</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4148 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/31/2017	James Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4149 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	James Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4150 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	James Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Lance Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Lance Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Lance Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Lance Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4151 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/17/2017	Lance Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Lance Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Lance Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Lance Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>4152</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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12/12/2017	Lance Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Lena Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Lena Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Lena Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4153 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Lena Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Lena Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Lena Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Lena Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Lena Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4154 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Lena Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Lena Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Melinda Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Melinda Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Melinda Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4155 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Melinda Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Melinda Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Melinda Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Melinda Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Melinda Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4156 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Melinda Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Melinda Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Melinda Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Patrice Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Patrice Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4157 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Patrice Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Patrice Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Patrice Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Patrice Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Patrice Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4158 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Patrice Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Patrice Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Patrice Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Patrice Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Robert Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4159</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Robert Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Robert Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Robert Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Robert Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Robert Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4160</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Robert Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Robert Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Robert Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Robert Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Robert Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4161 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Ryan Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ryan Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ryan Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ryan Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ryan Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4162</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Ryan Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ryan Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ryan Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ryan Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ryan Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4163 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Ryan Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Shelisa Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Shelisa Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Shelisa Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Shelisa Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4164 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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9/19/2017	Shelisa Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Shelisa Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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11/15/2017	Shelisa Williams San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4165 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4166 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4167 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4168 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4169 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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7/11/2017	John Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4170 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4171</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4172 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4173</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4174 of 4281

SEE INSTRUCTIONS ON REVERSE

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4175 of 4281

SEE INSTRUCTIONS ON REVERSE

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4176 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Ryan Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
12/12/2017	Ryan Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$110.00	
7/11/2017	Steve Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Steve Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Steve Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4177 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Steve Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Steve Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Steve Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Steve Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Steve Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4178 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Steve Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Steve Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Steve Wilson San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Noel Wilterding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Noel Wilterding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4179</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Noel Wilterding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Noel Wilterding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Noel Wilterding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Noel Wilterding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Noel Wilterding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4180 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Noel Wilterding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Noel Wilterding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Noel Wilterding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Noel Wilterding San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Greg Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4181</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Greg Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Greg Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Greg Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Greg Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Greg Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4182</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Greg Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Greg Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Greg Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Greg Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Greg Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4183 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Kristina Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kristina Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kristina Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Kristina Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kristina Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4184 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Kristina Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kristina Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kristina Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Kristina Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kristina Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4185 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

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12/12/2017	Kristina Winegar San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Catheryn Wirz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Catheryn Wirz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Catheryn Wirz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Catheryn Wirz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4186</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

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9/19/2017	Catheryn Wirz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Catheryn Wirz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Catheryn Wirz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Catheryn Wirz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Catheryn Wirz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4187</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Catheryn Wirz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Catheryn Wirz San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joshua Wisham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joshua Wisham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joshua Wisham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4188 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Joshua Wisham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joshua Wisham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joshua Wisham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joshua Wisham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joshua Wisham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4189 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Joshua Wisham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joshua Wisham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joshua Wisham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	James Witherspoon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	James Witherspoon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4190 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	James Witherspoon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	James Witherspoon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	James Witherspoon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	James Witherspoon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	James Witherspoon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4191 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	James Witherspoon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	James Witherspoon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	James Witherspoon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	James Witherspoon San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Doug Wolfe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4192</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Doug Wolfe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Doug Wolfe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Doug Wolfe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Doug Wolfe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Doug Wolfe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4193 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Doug Wolfe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Doug Wolfe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Doug Wolfe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Doug Wolfe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Doug Wolfe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4194 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Jonathan Womelsdorf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Womelsdorf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Womelsdorf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Womelsdorf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Jonathan Womelsdorf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>4195</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/3/2017	Jonathan Womelsdorf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Womelsdorf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Womelsdorf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Womelsdorf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Jonathan Womelsdorf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>4196</u> of <u>4281</u>		I.D. Number 1343640

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NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

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12/12/2017	Jonathan Womelsdorf San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jonathan Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jonathan Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jonathan Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Jonathan Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4197 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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10/3/2017	Jonathan Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jonathan Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Jonathan Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Jonathan Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4198</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/28/2017	Jonathan Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jonathan Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Kyle Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Kyle Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Kyle Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4199 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Kyle Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Kyle Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Kyle Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Kyle Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Kyle Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4200 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Kyle Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Kyle Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Kyle Woods San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Donnie Wortham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Donnie Wortham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>4201</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Donnie Wortham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Donnie Wortham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Donnie Wortham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Donnie Wortham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Donnie Wortham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4202 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Donnie Wortham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Donnie Wortham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Donnie Wortham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Donnie Wortham San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Brian Woytovich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>4203</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Brian Woytovich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Woytovich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Woytovich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Woytovich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Brian Woytovich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4204</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Brian Woytovich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Woytovich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Woytovich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Woytovich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Brian Woytovich San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4205 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Ivan Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ivan Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ivan Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ivan Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Ivan Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4206 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Ivan Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ivan Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ivan Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ivan Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ivan Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4207 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Ivan Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Ronald Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Ronald Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Ronald Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Ronald Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4208</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Ronald Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Ronald Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Ronald Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Ronald Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Ronald Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4209</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Ronald Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Ronald Wright San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Paul Wynn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Paul Wynn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Paul Wynn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4210 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Paul Wynn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Paul Wynn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Paul Wynn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Paul Wynn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Paul Wynn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4211 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Paul Wynn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Paul Wynn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Paul Wynn San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Owen Yancey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Owen Yancey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4212</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Owen Yancey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Owen Yancey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Owen Yancey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Owen Yancey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Owen Yancey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>4213</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Owen Yancey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Owen Yancey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Owen Yancey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Owen Yancey San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Nicholas Yates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4214</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Nicholas Yates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Nicholas Yates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Nicholas Yates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Nicholas Yates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Nicholas Yates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4215 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Nicholas Yates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Nicholas Yates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Nicholas Yates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Nicholas Yates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Nicholas Yates San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4216</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Loretta Ynojos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Loretta Ynojos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Loretta Ynojos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Loretta Ynojos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Loretta Ynojos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460
Page <u>4217</u> of <u>4281</u>		
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Loretta Ynojos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Loretta Ynojos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Loretta Ynojos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Loretta Ynojos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Loretta Ynojos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4218 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Loretta Ynojos San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Matthew Yost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Matthew Yost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Matthew Yost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Matthew Yost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4219</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Matthew Yost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Matthew Yost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Matthew Yost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Matthew Yost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Matthew Yost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>4220</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Matthew Yost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Matthew Yost San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Frank Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Frank Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Frank Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>4221</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Frank Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
9/19/2017	Frank Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/3/2017	Frank Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Frank Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Frank Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4222 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Frank Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Frank Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
12/12/2017	Frank Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Melinda Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Melinda Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4223 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Melinda Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Melinda Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Melinda Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Melinda Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Melinda Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4224 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Melinda Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Melinda Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Melinda Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Melinda Young San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Delone Yu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4225 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
--	------------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Delone Yu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Delone Yu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Delone Yu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Delone Yu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Delone Yu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4226</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Delone Yu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Delone Yu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Delone Yu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Delone Yu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Delone Yu San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4227</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Derek Zane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Derek Zane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Derek Zane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Derek Zane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Derek Zane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4228 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Derek Zane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Derek Zane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Derek Zane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Derek Zane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Derek Zane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4229 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Derek Zane San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Alex Zapata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Alex Zapata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Alex Zapata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Alex Zapata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4230 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Alex Zapata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Alex Zapata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Alex Zapata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Alex Zapata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Alex Zapata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>4231</u> of <u>4281</u>		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Alex Zapata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Alex Zapata San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Christian Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Christian Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Christian Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4232</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Christian Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Christian Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Christian Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Christian Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Christian Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>4233</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Christian Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Christian Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Christian Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Isaac Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Isaac Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4234 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Isaac Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Isaac Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Isaac Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Isaac Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Isaac Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4235 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Isaac Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Isaac Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Isaac Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Isaac Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Karmen Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>4236</u> of <u>4281</u> I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/20/2017	Karmen Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Karmen Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Karmen Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Karmen Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Karmen Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4237</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/17/2017	Karmen Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Karmen Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Karmen Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Karmen Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Karmen Zaragoza San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4238</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/11/2017	Brian Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Brian Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Brian Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Brian Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Brian Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4239</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Brian Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Brian Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Brian Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Brian Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Brian Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4240</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Brian Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Gregory Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Gregory Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/9/2017	Gregory Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
8/22/2017	Gregory Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4241 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/3/2017	Gregory Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/17/2017	Gregory Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
10/31/2017	Gregory Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/15/2017	Gregory Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
11/28/2017	Gregory Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4242 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/12/2017	Gregory Zeigler San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/11/2017	Clayton Zellmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Clayton Zellmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Clayton Zellmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Clayton Zellmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4243</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/19/2017	Clayton Zellmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Clayton Zellmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Clayton Zellmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Clayton Zellmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Clayton Zellmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4244</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Clayton Zellmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Clayton Zellmer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Jordan Zeman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Jordan Zeman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Jordan Zeman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4245</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Jordan Zeman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Jordan Zeman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Jordan Zeman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4246 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/28/2017	Jordan Zeman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Jordan Zeman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Aracely Zepeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
7/20/2017	Aracely Zepeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4247 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4248 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/28/2017	Aracely Zepeda San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$115.00	
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7/11/2017	William Zerbe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4249 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	William Zerbe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4250 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/15/2017	William Zerbe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	William Zerbe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	William Zerbe San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4251 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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7/11/2017	Stanley Ziemelis San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4252</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4253 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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SCHEDULE A (CONT.)

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through <u>12/31/2017</u>		
		Page <u>4254</u> of <u>4281</u>
		I.D. Number 1343640

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10/17/2017	William Ziemer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	William Ziemer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	William Ziemer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4255</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	William Ziemer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	William Ziemer San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Bryan Zierdt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Bryan Zierdt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Bryan Zierdt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4256</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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9/19/2017	Bryan Zierdt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Bryan Zierdt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Bryan Zierdt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Bryan Zierdt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4257</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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11/28/2017	Bryan Zierdt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Bryan Zierdt San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Edward Zimmerman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Edward Zimmerman San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4258 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number
1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4259 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4260</u> of <u>4281</u>
		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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10/3/2017	Ana Ziske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through	12/31/2017	Page 4261 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee	I.D. Number 1343640
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11/15/2017	Ana Ziske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Ana Ziske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4262</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4263</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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11/28/2017	Todd Ziske San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4264 of 4281

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. Number

1343640

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4265</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

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10/3/2017	Armon Zolfaghari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Armon Zolfaghari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Armon Zolfaghari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Armon Zolfaghari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4266</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	Armon Zolfaghari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Armon Zolfaghari San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Joseph Zuccaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Joseph Zuccaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/9/2017	Joseph Zuccaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>4267</u> of <u>4281</u> I.D. Number 1343640
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/22/2017	Joseph Zuccaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Joseph Zuccaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Joseph Zuccaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Joseph Zuccaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/31/2017	Joseph Zuccaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4268</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/15/2017	Joseph Zuccaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Joseph Zuccaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Joseph Zuccaro San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/11/2017	Richard Zuchlewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
7/20/2017	Richard Zuchlewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4269</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/9/2017	Richard Zuchlewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
8/22/2017	Richard Zuchlewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
9/19/2017	Richard Zuchlewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/3/2017	Richard Zuchlewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
10/17/2017	Richard Zuchlewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
SUBTOTAL						

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>4270</u> of <u>4281</u>
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2017	Richard Zuchlewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/15/2017	Richard Zuchlewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
11/28/2017	Richard Zuchlewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
12/12/2017	Richard Zuchlewski San Bernardino, CA 92408	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	San Bernardino County Public Safety Officer	\$5.00	\$120.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$106,670.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2017
through 12/31/2017

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. NUMBER
1343640

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period		CALIFORNIA FORM 460
from 07/01/2017		
through 12/31/2017		Page 4272 of 4281
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>07/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA FORM 460
Page <u>4273</u> of <u>4281</u>	I.D. Number 1343640

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	07/01/2017		
through	12/31/2017	Page 4274 of 4281	
		I.D. NUMBER 1343640	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson, Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$162.50
Olson, Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$473.80
Olson, Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$316.10

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$1,422.20
2. Unitemized payments made this period of under \$100.	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$1,472.20

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2017	
through 12/31/2017		Page 4276 of 4281
NAME OF FILER San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee		I.D. NUMBER 1343640

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson, Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$229.40
Olson, Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$128.40
Olson, Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$112.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$1,422.20

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 07/01/2017
through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. NUMBER
1343640

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2017
through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. NUMBER
1343640

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 07/01/2017 through 12/31/2017	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. NUMBER
1343640

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS					

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 07/01/2017

through 12/31/2017

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

San Bernardino County Sheriff's Employees' Benefit Association Political Issues Committee

I.D. NUMBER

1343640

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$.00
- Unitemized increases to cash under \$100 this period..... \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference:
Schedule A - San Bernardino County Sheriffs Employees Benefit Association, 735 East Carnegie Drive, Suite 125, San Bernardino, CA 92408, is the intermediary for all contributions.
